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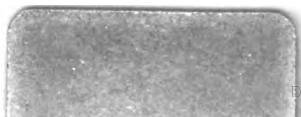
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# Buffalo medical and surgical journal









BUFFALO

MEDICAL AND SURGICAL JOURNAL

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EDITED BY JULIUS F. MINER, M. D.,  
*Professor of Special Surgery in the Buffalo Medical College ; Surgeon  
to the Buffalo General Hospital. etc., etc.*

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VOL. IX.

BUFFALO:  
*Baker, Jones & Smith, Printers, 220 and 222 Washington Street.*  
1870.



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# BUFFALO Medical and Surgical Journal.

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VOL. IX.

AUGUST, 1869.

No. 1.

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## Original Communications.

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### ART. 1.—*Abstract of Proceedings of Buffalo Medical Association.*

A Special Meeting of the Association was held on Thursday evening, July 22d, at which the Resolutions passed by a meeting of Erie County Medical Society, of the same date, in relation to the death of DR. J. R. LOTHROP, were unanimously adopted.

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*Stated Meeting, Tuesday Evening Aug. 3d, 1869.*

The chair was occupied by Dr. J. F. Miner, President.

Members Present—Drs. Miner, Samo, Gay, Abbott, Taylor, Phelps, Wetmore, Cronyn, Diehl, Kamerling and Johnson.

The subject of admission to membership being in order, the application for membership of Dr. Wm. J. Talbott was introduced. The Secretary read a letter from the applicant, which, by vote, was accepted and placed on file. Nearly every member present spoke in disfavor of admitting Dr. Talbott to membership, because they believe that he has, until quite recently, been practising in an irregular and quackish manner, and is not entitled to their confidence.

Dr. Samo moved that the application of Dr. Talbott be laid on the table. The motion was carried unanimously.

Dr. W. O. Taylor reported the following case for Dr. James P White:—

Mrs. B——, aged 26, has had one child, which is living; five

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months ago had an abortion which was followed by hemorrhage, low fever, peritonitis and an abscess in either labia majora. July 17th, the patient, by advice of her attending physician, Dr. Benedict of Dunkirk, applied to Dr. White, of Buffalo, for relief from some undetermined uterine trouble. On examination Dr. White found complete atresia of the vagina. Introducing the finger into the rectum a large tumor could be distinguished, moderately soft and apparently containing fluid, probably retained menstrual fluid.

The doctor succeeded in introducing the finger a short distance into the vagina, breaking down firm adhesions as he proceeded; some hemorrhage followed, and further interference was deferred, and the vagina plugged with cloths saturated with glycerine.

July 18th—Patient comfortable, Dr. White with Drs. Potter and Taylor as assistants, placed the patient on the side of the bed and administered chloroform. The doctor again endeavored to introduce the finger within the vagina. The adhesions connecting the vaginal walls yielded to continued and strong pressure by the finger, and the lower portion of the tumor, which proved to be the distended uterus, was reached. The uterus was then firmly grasped and pushed downwards by Dr. Potter while Dr. White pushed the right fore-finger through the occluded os uteri externum. On withdrawal of the finger, from 26 to 30 ounces of thick, dark red, pitchy fluid escaped. The uterus was then washed out with warm water, the vagina plugged with cloths soaked in a solution of glycerine and liq. ferri persulphatis. A compress was applied over the uterus, secured by a bandage around the pelvis, and half gr. doses of sulphate of morphia prescribed.

July 19th—The patient was doing well. Since this date she has gradually improved, and on Saturday, July 31st, she returned to her home. She was directed to wear a glass dilator to prevent contraction of the vagina.

August 14th, the patient returned to Buffalo. Her health had improved very much. The genital canal was entirely free from obstruction, and she was menstruating freely without pain. The dilator she had been using was exchanged for one larger.

On examination per vaginam, after the evacuation of the fluid, the cavity of the uterus appeared to be almost continuous with that of the vagina; the thin flabby cervix was pressed against the vaginal

circumference, and the lips of the widely distended os tincæ imparted to the touch the sensation of a soft membrane, standing out two or three lines from the vaginal walls, with an irregular torn edge, yielding in any direction to the slightest pressure. Dr. White considered the uterus hypertrophied, although the uterine parieties were very much attenuated, owing to the distended condition of the cavity of this organ. In other words, the weight was greater than that of an ordinary uterus, although the walls were much thinner than usual. The temperature of the cavity was probably not above the normal temperature of cavities in the body excluded from the atmosphere.

The above is a rare and typical case of true hæmatometra of the uterus, produced by atresia of the entire vaginal canal, and occlusion of the os tincæ, these lesions most probably originating in inflammation at or after the time of the above mentioned abortion.

Klob, in his *Pathological Anatomy of the Female Sexual Organs* gives this definition. "By hæmatometra, strictly speaking, we understand an accumulation of blood in the non-gravid uterus." Elsewhere he goes on to say, "according to the amount of the accumulations the uterus is distended in various degrees, and after this has continued for a length of time, its walls are almost always hypertrophied. On section, the substance of its walls appears pale, often milky white, congested and peculiarly soft, but still resistant. After the uterus has been considerably distended, a thinning of its walls becomes apparent, yet the amount of its substance is much greater than in its normal state. The accumulated blood is mostly dark, deficient in film, discolored in various degree to a blackish brown, thickened rather than coagulated, tar-like, and sometimes mixed with crystals of cholesterine." This is a most graphic description of the appearance of the fluid in Dr. White's case, and tends also to show how careful and exact an observer is Prof. Klob. The chief danger apprehended in this case was inflammation, and especially purulent infiltration of the uterine tissue, which would probably have been followed by thrombosis, septæmia, etc.

Graily Hewitt in treating of hæmatometra states that "accumulation of fluids in the uterus is associated with closure of the outlet, narrowing and stricture of the cervix, agglutination of the os uteri, flexion of the uterus, presence of a tumor in the cervix or lower part of the uterus," and adds, "The importance of retroflexion as

leading to slight accumulations of fluid in the uterus, is not sufficiently recognized.

Kruner mentions that hypertrophy of the vaginal portion of the cervix may also lead to a contraction of the cervical canal, and thus hinder the escape of menstrual blood.

Klob states that "hæmatometra is generally caused by the collection of the menstrual blood, in consequence of atresia of the genital canal. These atresiae occur most frequently in the vagina from congenital or acquired causes, or from imperforation of the hymen."

The case reported is certainly of rare occurrence, the entire vaginal canal with the external os uteri being obliterated. In still rarer instances the obliteration extends as far as the internal os.

We see then that any obstruction to the free egress of menstrual blood may give rise to hæmatometra in greater or less degree. The treatment is obvious—the great desideratum being to evacuate the contents of the uterus. A few words with regard to atresia of the vagina will not be out of place here. Dr. Gaillard Thomas of New York mentions the following, as causes of this pathological condition: "Arrest of development, prolonged and difficult labor, chemical agents locally applied, mechanical agencies, sloughing, the result of impaired vitality, syphilitic or other extensive ulcerations." Inflammation occurring after child-birth or abortion seems to be a frequent cause.

In the proceedings of Buffalo Medical Association, Nov. 5th, 1861, Dr. White reported a case of adhesion of the lips of the uterine outlet, caused by mechanical irritation, occasioned by an attempt to procure abortion, and later at a meeting of the same society, Dec. 5th, 1865, a case of partial adhesion of the vaginal walls, and complete obliteration of the cavity of the cervix uteri. In this case the woman was delivered by instruments, inflammation supervened and was the cause of the atresia. Occlusion of the cavity of the cervix, according to Klob, is of exceedingly rare occurrence.

After operations for the relief of atresia, the surgeon is often troubled by the recurrence of the abnormal condition, or by the cicatricial contraction, causing stricture of the vagina. Thomas recommends in order to prevent this, that a glass plug be worn for some time. This plug, commonly known as Sims' vaginal dilator, Dr. Sims has been in the habit of using after his operation for

vaginismus, and he holds that it not only prevents contraction of the cicatrix but also facilitates the healing process.

Emmet believes when the incisions are made by scissors or the tissue torn by the fingers, subsequent contraction and atresia are much less likely to occur. Graily Hewitt uses the finger alone if practicable. And in Dr. White's case the adhesions were broken down by the finger, the result of the operation which was most satisfactory, proves this to be an excellent method of procedure.

Dr. Miner said he would call attention to one danger not mentioned by Dr. Taylor from such accumulation in the uterus; not danger from the operation so much as from the disease.—So far as his observation warranted a conclusion, absorption of pus, acute inflammation following the operation and contraction of the orifice, were remote causes of failure. The uterus, after distension from such unnatural cause, or its lining membrane, from such direct exposure to the air, would sometimes take on the properties, in some degree at least, of pyogenic or pus secreting membrane, and would furnish a continuous and exhausting discharge, which would finally prove fatal.

The interesting report furnished by Dr. Taylor reminded him of a case in some respects similar, but in some features rare and remarkable. Dr. Tobie, of this city, a few months since, had under his care a young German girl, about sixteen years of age, at this time quite healthy in appearance and well developed. The patient had complained, for several months, of most severe pain, lasting five or six days and appearing regularly every four weeks. The abdomen was enlarged to about the size of pregnancy at the sixth month. Upon examination, Dr. Tobie discovered that there was no vagina; that the space between the urethra and rectum was occupied with dense fibrous unyielding tissue; that the uterus was distended with fluid; and believe that the pain was due to the monthly secretion and increase of fluid. He now proposed an operation for relief; and I was associated with him in an operation for establishing an artificial vaginal outlet for the menstrual fluid. The patient being fully anæsthetised, an incision was made in the site of the vagina, dividing the fibrous and muscular tissues with the scalpel to the depth of one and a half or two inches, the finger assisting to dilate and extend the opening. A large trocar and cannula was now passed into

the womb, and the diagnosis fully confirmed. The grumous, dark, tenacious, gluey fluid, was too thick to pass through the cannula, and the instrument was withdrawn. The finger now dilated the opening, extending it in all directions, so that the fluid gradually escaped. About two quarts, according to recollection, was obtained, and the distended abdomen relieved. The uterus contracted down to more natural proportions, but how perfectly was unable to state. The patient was relieved of former pains, but another train of symptoms appeared. There has been an exhausting muco-purulent discharge, which appears likely to continue until it produces a fatal termination. Symptoms of general disease are also present.

He had related the main features of the case as illustrating a source of danger after such operations; but, aside from this, the case had features of great interest. This was a congenital malformation of great rarity—probably only a few similar cases are on record. It is not very uncommon for the os uteri to become occluded; inflammation of the os and neck may, and quite frequently does, result in closure of the canal. The vagina also becomes occluded in something the same way. Inflammation of its walls results in partial or even complete closure. Complete absence of vagina, neck and os uteri, must certainly be rare.

The great difficulty of establishing these outlets is apparent to all surgeons. It requires long and patient effort, and even then is often attended by failure. The surgeon is unable to transplant any thing to serve the purpose of the mucous membrane, by which such surfaces are lined and prevented from uniting in the normal condition, and thus the almost certain contraction, agglutination and final closure. As to the comparative merits of the various plans which have, from time to time, been proposed, he could add nothing of importance to the remarks of Dr. Taylor. It was probable that no plan yet proposed was quite satisfactory, and that contraction, and sometimes re-union, would be the result, however well directed, might be the plan of operation, or faithful the after treatment.

Dr. Phelps said that he assisted Dr. Hill to operate upon a patient in whose vagina existed a fleshy partition extending transversely across the cavity like a diaphragm: A bistoury was passed through it, when a large amount of grumous matter passed away. This lady had no children by her first husband, with whom she had lived

several years. She was, at the time of the operation, living with her second husband, and became pregnant a few months after the operation. The abnormality had existed before her first marriage.

Dr. Cronyn remarked that the class of cases reported by Drs. Taylor and Phelps were, comparatively, quite common; but that the case reported by Dr. Miner was of very unusual occurrence and of much interest. He had recently seen a very unusual case, which was that of a large masculine woman with no perceptible uterus. He had made a careful examination, and found a vagina four and a half inches in length, but no indication of a uterus. All other appearances were those of an unusually large sized, coarse woman. Upon investigation, he was satisfied that the abnormality was congenital. There never had been any indications of menstruation.

Adjourned.

T. M. JOHNSON, *Secy.*

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ART. II.—*Operations for Rupture of the Perineum and its consequences.* BY J. F. MINER, M. D.

Rupture of the perineum, during the passage of the foetal head, is not of infrequent occurrence, and is an accident which no ingenuity has yet been able, in all cases, to wholly prevent. The common direction to "support well the perineum" during the last pains of labor, is all very well, but wholly inadequate to prevent laceration. This is applicable to all cases of labor, and, in the majority of instances, is quite sufficient; but, in most cases of great danger to the perineum, it cannot be safely depended upon. Speaking of the best methods of preventing such occurrence, (a digression from the main subject,) it may be said, that nothing is so efficient as lateral incisions, by which means alone can rupture of the perineum be prevented in cases where there is great disproportion between the size of the foetal head and the vaginal outlet. These lateral incisions may be considerably extended by the passage of the foetal head, and no great harm come of it. They unite again, and when the union is complete no ill effects follow. Chloroform is often, also, a great protection, by its relaxing properties and relief of spasm of the muscles.

Perineal rupture may vary very greatly in extent. If it involve only a limited portion of the anterior edge, it is of but little conse-

quence, and may be wholly disregarded. If, however, it extend backwards through, or nearly through the entire structure, there will be great risk that, if nothing be done, the patient will hereafter suffer from prolapsus of one or more of the pelvic viscera. If the sphincter of the bowel is ruptured, a still more severe injury, it may result in incontinence of fæces. In all these cases, except those first mentioned, in which the laceration is trivial, it is very desirable that the rent be closed.

The first question, and a very important one, is, When shall this be done? Should opportunity occur, *immediately after delivery*. The edges of the tear should be well cleansed, and secured in apposition by deep sutures. It is quite possible that the bruised, lacerated condition of the parts, the presence of lochial discharge, and the state of the patients general health, may interfere with, retard, or even prevent the union; but, if so, nothing is lost by the attempt having been made. Certain it is, that in very many cases this effort, if well directed, will be successful. If these remarks should impress practitioners in any degree with the importance of this proceeding, our prime object will be gained, for abundant observation leads to the belief that it is almost wholly neglected, and that perineal rupture is left to take care of itself, or its treatment postponed until some months later, when the parts have healed, the lochia is absent, and the necessity of interference more urgent. Many of the slighter ruptures, which may with some degree of propriety be left to themselves, are still much more satisfactorily treated by bringing the edges carefully in contact and retaining them with sutures; the parts are thus restored most perfectly.

Should no operation have been performed immediately after the accident, or should it have failed to secure union, the patient will subsequently come under treatment complaining of prolapsus, or inability to retain the fæces, or both; and to these prime ailments will be added many lesser ills, all springing from or depending upon these. Extensive rupture of perineum often gives rise to the worst forms of prolapse; and the value of the operations which have been proposed for relief of prolapsus *uteri*, has been more clearly shown in these cases than in almost any other. If the sphincter *ani* has been torn through, it will not add greatly to the difficulty of the operation, for it is found that union is as easily obtained in such

cases as in the lesser lacerations. If the sphincter ani has been ruptured, it is very safe to promise restoration by operation, so that control shall be had of the bowel; but we cannot so positively promise complete restoration of the prolapsus. It is quite certain that prolapsus of the uterus, bladder, or rectum, may be present with perfect integrity of the perineum; and it is also just as certain that rupture of the perineum favors prolapse of the pelvic organs. In cases of long standing, too much must not be expected in restoring the prolapse, for it is not infrequently the case that great temporary benefit is later followed by return of the prolapsed, displaced pelvic viscera. This is sufficiently obvious when we consider how other causes than want of support from below operate to cause descent of the viscera into the vulva. The amount of benefit obtained in such cases will depend upon the mode of operation. If the operator denudes only a narrow strip upon either side, making a thin perineum, little more than integument, comparatively little is accomplished—nothing more than that the womb may thus be prevented from complete relapse. If, on the other hand, the operator carry the denudation high up, the lower two inches of the vagina may be greatly narrowed, and the perineum fully restored, thus providing a very effectual barrier to the descent of the pelvic viscera. It must, however, be confessed, that even with this fully accomplished, the uterus may gradually and slowly work its descent, especially if it had, before operation, attained a complete prolapse.

The operation for making a new perineum is made upon the same general principle, whether the sphincter ani is ruptured or not. The edges are to be freely denuded and united by deep sutures; and there is generally thought to be no more difficulty in closing the rupture when extensive than if small. The first step in the operation is an all important one; the complete denudation of the surfaces designed to be united; and want of this is the frequent cause of complete failure. The kind of suture, and the modes of introducing them, will also influence the result. Silver or metallic suture is thought by many as the best, but silk or other thread will answer; and more depends upon the modes of introduction than upon the material of which they are composed. Quilled suture, deeply introduced and carefully adapted—not drawn tightly



enough to produce strangulation, and yet sufficiently tense to insure complete contact—is the plan which seems most satisfactory. The necessity of dividing the sphincter ani has been strongly urged by some surgeons. Where the rupture extends high up the recto-vaginal septum, division of the sphincter may be essential; or, where the sphincter itself has been nearly or quite divided, it might be desirable; but, generally, it is quite unnecessary, and very likely in no case absolutely indispensable. There are difficulties and some dangers attending the operation; they are sufficiently obvious in character, and for the most part easily provided for.

Prolapsus uteri is one of the most common results of ruptured perineum; but it is by no means the only ill effect. When it extends through the sphincter ani and destroys control of the bowel, this is by far the most serious evil, and fortunately this is the most certainly cured by operation. The uterus, when wholly prolapsed, is truly in a very inconvenient, unnatural and exposed situation, and is to be replaced, and at least secured within the pelvis. It may rest down below its natural level, supported by the perineum; and, when it becomes accustomed to this new position, suffer comparatively but little. It seems often to rest thus, much more comfortably than when “skewered” up by any form of pessary; indeed, when its natural supports are relaxed, it generally rests easier upon the collateral supports nature has provided than upon any artificial ones, always themselves sources of irritation and discomfort.

If the idea of early treatment, of uniting the ruptured perineum immediately after injury, has been sufficiently insisted upon, my object is accomplished. If laceration is extensive, quilled suture introduced deeply, and adjusted properly, will generally suffice to insure complete union. It prevents a world of trouble, and every practitioner should be alive to its importance. Stitches may be taken in less severe lacerations, which are also of incalculable service in insuring complete restoration of parts. It is remarkable how, without anæsthesia, sutures may be introduced without pain immediately after laceration, the injury and strain upon the parts having, in a great degree, destroyed usual sensibility, so that little, if any, complaint will be made.

## Miscellaneous.

### Reasons why the Profession should labor to diffuse a general knowledge of Medical Science among the People.

The duty of the profession to diffuse a knowledge of medical science among the people is rendered imperative by these *four* considerations:

1. *Because all people everywhere need, and should have, some general knowledge of the human body in health and disease.*

The time has gone by when it was thought to be necessary that learning should be confined to the few. It is the glory of our century that knowledge of all kinds is diffused among the masses of the people. The time was when theology was confined to the clergy and was the privilege of monks and cloisters; religion is now the duty and the joy of the ignorant and the lowly. The time was when all government and law were in the hands of a few aristocrats, and even of some single monarch; in our day and country the people rule, the kings and queens, presidents and senators, are but their servants.

Science must now follow in the wake of theology and government. If the masses of the people are to have all the power in Church and State, they certainly must not be left in ignorance. For the ignorance of humanity there is only one antidote, and that is knowledge. Of all departments of knowledge, none is so important as that of ourselves. It is impossible to know ourselves without knowing the structure of the human body, the functions of its organs, and the laws of health. It is impossible to acquire this knowledge without careful study, diligent reading and patient repetition, in all the recognized methods of imparting knowledge. It must be taught to children in the school and by the domestic fireside, and in juvenile literature. It must be taught to parents from the pulpit, the platform, and in the periodical press, and in such works as these.

The present ignorance of society in regard to anatomy, physiology, and the laws of health are truly appalling. Even the clergy, who are so advanced in general culture, and who should be the teachers of hygiene as a part of morality, are as a profession utterly in the dark in regard to the simplest laws of life and health. Theologians and professors, college presidents and pulpit orators, who have learned all important languages, living and dead, who can repeat at call all the imbecile and insane kings of Europe and the dates of their administrations, do not even suspect the nature of the processes of respiration or of digestion every moment going on in their own bodies; and even give no reason for the faith that is in them, that the brain rather than the liver is the organ of the mind.

Even men of general science, who plan great inventions and understand all the machinery of man's devising, know nothing of the

most wonderful machine of all—the human body. If these things be done in the green tree, what shall be done in the dry? If our teachers, and the teachers of our teachers, know little or nothing of themselves, what shall we say of the great masses of the people? What shall we say of the millions of farmers, mechanics, laborers, and the solid yeomanry of our land, on whose virtue and intelligence the welfare of the republic must ever depend?

*The profession must exert its influence to introduce the systematic study of hygienic science in all of our colleges and institutions of learning.*

Time was when the standard of scholarship was necessarily estimated by the extent of one's familiarity with dead languages; when the span of a thousand years—the dark ages of humanity—intervened between the scholar in the cloister and the literary wealth of the world; when, in short, the student was forced to choose between treasuring up the learning of ancient times, and knowing nothing at all.

That necessity has long since gone by, but the system of instruction to which it gave rise in its leading features lives to-day. Bacon never uttered a profounder or more beautiful thought than when he said what was called the antiquity of the world is really its youth. If the ancients could be alive again to-day, they surely would be the first to bow at the feet of the nineteenth century.

When we consider the marvellous scientific progress of the last century—that within that time Geology has arisen out of the darkness of conjecture and has developed into a more comprehensive and enduring science; and that by the discovery of hydrogen by Cavendish, of oxygen by Priestley, of nitrogen by Rutherford, and by the labors of Sir Humphrey Davy, Liebig, and their followers, the science of chemistry has been as it were created, and all since the year 1766; that within less than this time that universal agent, Electricity, has revealed itself to man in its effects if not in its nature—has indeed deigned to serve him as his fleetest messenger through the air and under the sea, as the faithful and rapid copyist of works of art, as a powerful means of illumination, and as a most effective healer in disease; that within the last fifty years the mechanic arts, in their myriad ramifications, have made more effective progress than other eras have witnessed in twice as many decades; when we consider that astronomy, the most ancient of sciences, the boast of the Egyptians and Chaldeans—which is indeed in its very essence a study of centuries—has not been without its refinements even during the present generation—nay, even within the year that is just passed; when, I say, we thus consider all that the last fifty years has done for science—and more than all, when we contemplate the wondrous possibilities of the fifty years to come, and for which we now have but laid the foundation; and when, on the other hand, we consider how little these branches are taught or even suggested to our undergraduates, we can but wonder that an age which has revolutionized society by its activity in science, has made so little

impression on those institutions that ought to be, if they are not, the centres and the repositories of the world's progress.

It is neither necessary nor desirable that hygienic or other science should supplant the languages. It is the duty of the profession, however, to see that in all our institutions of learning it is placed on the *same footing as all other important departments*; that it receives something more than a merely incidental and superficial attention; and that it is made *equally binding with all other recognized studies of the course*.

2. *Because physicians are the only class who are authorities in medical science, and who are qualified to give instruction in it.*

Medical science is a large subject, and it takes a lifetime to comprehend it. People look to those whose lives are devoted to this subject to teach them what they ought to know. They have a right to do so. Of those to whom much has been given, much will be required. If we know that which will be of service to our fellows, we have no right to keep it to ourselves alone. A miser of knowledge is even more censurable than a miser of money, because he is more intelligent, and therefore more responsible. It is even more wrong for us to hoard knowledge than to hoard specie, for knowledge is more valuable than gold or silver or precious stones.

Until quite recently the clergy have been the chief instructors of the people in medical science; but they have unfortunately taught more of error than of truth. The fault, however, is not with the clergy but with the physicians. The clergyman must be himself instructed before he can instruct others. The duty of teaching medical science to the clergy devolves upon the physician, because in all such matters he is the first authority and last appeal. It is right and proper and noble for the pastor to teach his flock the laws of health, and to enjoin their observance as a high moral duty; but he must know whereof he affirms, and the true knowledge on these themes he must learn from the physician.

3. *Because the instruction of the people in medical science has been almost entirely in the hands of ignorant and unprincipled charlatans.*

This lamentable and well-known fact, which ought long since to have aroused the profession to its great duty, seems to have had the opposite effect, and has deterred them from attempting any systematic instruction of the people. There are those even now who fear to write or lecture for the masses, lest they may thereby become classed with the ignorant and villainous quacks who in this country have appropriated this department almost entirely to themselves. I hold to a very different doctrine. I hold that the example of charlatans, so far from discouraging, should rather stimulate the profession to follow after them and drive them off the track. It is because the enemy have planted tares in the field, that we should enter in and sow the good seed. It is because the philistines have already invaded the land, that we should hasten to take possession.

The noblest and best part of our mission is not to cure disease, but to prevent it. The true and only way to prevent disease is to diffuse through all ranks of society a general knowledge of the human body and of the laws of health.

There may be those who fear lest the profession may lose its dignity by coming down from its lofty eminence and feeding the hungry multitude. In the infancy of science, in the darkness of the middle ages, such fear was, perhaps, not unnatural; but the time for that has now long gone by. When the sun is rising it gilds only the higher mountain tops; when it mounts to noonday it sends its rays, bright, warm, and abundant, into the depths of the valleys and the darkest crevices the rocks. Just so when science was first rising upon the world, its light was only seen and its warmth only felt by the philosopher, the recluse; as it is now ascending higher in the sky, it should shine, with wisdom and healing in its beams, on the walks of the humble, the lowly and the sorrowing.

Science is no more degraded by ministering to the wants of the people than is the sunlight when it trails its beams along the valleys; or the rain when it falls alike on the evil and the good.

Jean Paul Richter has somewhere presented in substance this simile, which the disciple of science should ever bear in mind: "Beautiful is the eagle when it soars aloft in the sky and plumes its distant flight towards the sun, but more beautiful still when it descends to the earth and brings food to its helpless offspring in their nest; so the philosopher is noble when he lives above the world in the cold atmosphere of science, but nobler still when he descends from his lofty heights and brings hope and comfort to the suffering sons of men."

4. *Because the profession will elevate and benefit itself by thus instructing the people in medical science.*

All physicians the world over will agree that ignorant people make the worst patients. The lower classes are proverbially exacting and unreasonable, and too often unappreciative. In proportion as people are educated—and especially in science—in that proportion do they become considerate towards their physician, obedient to his orders, and grateful for his services.

The effect of the popularization of medical science will be not to diminish the practice of the profession, but to increase it. Patients are deterred from consulting educated physicians, not by knowledge but by ignorance; not by their ability to prevent or treat diseases, but by their inability to distinguish between those conditions which are beyond all hope, and those which in scientific hands are both relievable and curable.

When the people are educated to a full understanding of the wonderful achievements of science in the past, and the vast progress that it is making in the present, and the wide distinction between the physician and the quack, then will they know—what the masses of our country have yet to learn—that the educated members of the

profession are not the enemies but the friends of advancement, and that on the average they are as much more successful than the charlatans, as they are more scholarly and more honest.

It is only by a general diffusion of popular science that the vast army of charlatans—that are now working such ruinous havoc in the best ranks of the society—can be successfully combated and dispersed. The scientific man is pained to his heart's core when he sees—as every day he is compelled to see—the best educated and finest cultured minds of the country—our leaders in literary, professional and business life—ruined in health and in purse by the vilest quacks that ever disgraced any age or country. The quackery of our day feeds and fattens on the ignorance of the learned. It derives its rich support from the fact that the people know all other things better than they know science. The scientific physician who long gazes upon this great rush of humanity after quack doctors, quack books, quack medicines—after all forms of error and one-sided “pathies” and “isms,” feels much like the philanthropist who, from the bank of a mighty stream, sees his fellow-beings hurried along in the flood and engulfed in the whirlpool, while he is powerless to save.

Salvation from quackery will only come from popular instruction.

Besides all this, it is the duty of the profession, through the popularization of science, to make itself a *power in society*.

It is our duty in this way to make our influence more widely felt as a ruling force through all the departments of modern activity.

For all these reasons we hail with joy the recent endeavors of some of our leading physicians to popularize medical science. The system of lectures on science lately attempted by Professors Huxley and Carpenter in London; the noble example of Professors Willard Parker and E. R. Peaslee in New York; the recently published essays of Bowditch, Jarvis, Allen, Youmans, Hammond, Flint, Mitchell, Griscom, Peters, Roosa, Harris, Ryford, and other leading authorities in our profession; and the magnificent and useful treatise of our eminent countryman, Prof. John C. Dalton—all these are the emphatic protests on the part of the profession that the people shall no longer dwell in darkness, that the medieval age of narrow and selfish exclusiveness has passed away, and that men of science shall hereafter follow in the path of theologians and law-givers, and sow the good seed of truth broadcast through society.

In order to popularize science it is not enough to provide textbooks for the young. We must sow beside all waters. We must make the magazines, the daily and weekly press, the platform, the lecture hall, the organizations of philanthropy, the pulpit and the Sabbath-school, channels of communication, through which knowledge of science shall flow to the uttermost corners of the earth.—*Home Physician.*

## Diagnosis of Tubercular Meningitis by means of the Ophthalmoscope.

In the *Jahrbuch für Kinderheilkunde*, of March 10th, 1869, Dr. Frankel, of Berlin, has an article on the coincidence of tuberculosis of the choroid coat of the eye, with general miliary tuberculosis of children. The diagnosis of tubercular meningitis is especially difficult in the earlier stages, and would probably always have remained so if Cohnheim had not discovered by numerous careful post-mortem examinations that tubercular deposits on the choroid coat are an almost constant attendant of miliary tuberculosis. Previously to Cohnheim's times this coincidence had been regarded as an occasional and accidental pathological curiosity; he proved that it was of constant occurrence. Von Graefe at once saw the importance of this fact in a diagnostic point of view and quickly diagnosed a case. To Dr. Frankel belongs the credit of detecting the next two cases.

The appearance of choroid-tubercles in the fundus of the eye is very characteristic and easily understood if one reflects that they (the tubercles) originate in the stroma of the choroid, and only project into the eye after pushing some of the pigment aside. Thus arise small, roundish, white spots which are continuous with the normal tissues by means of adherent, or grown-together edges. The whole of the rest of the background of the eye appears normal with the exception of these spots and a more or less considerable congestion of the retina. If a blood-vessel happens to run over one of these tubercles, it will be somewhat pushed aside as the tubercle grows larger. In one instance Frankel noticed a rapid increase of this changed course of a blood-vessel, and concluded that the tubercle was growing rapidly.

In two cases he noticed an old tubercle in the centre, and fresher and brighter tubercular spots around it. Choroid tubercles are most frequently found in the neighborhood of the pupilla, and this renders their discovery with the ophthalmoscope comparatively easy. They are so peculiar and characteristic in appearance that a mere momentary glimpse of them is sufficient to establish a diagnosis. They do not cause any disturbances of vision, at first; neither spots or sparks before the eyes, nor intolerance of light. The patients, if old enough, can read and write, and see perfectly. In short they cannot be suspected or detected except by the ophthalmoscope; but if once seen, the physician may be very certain that his patient will die sooner or later of tubercular meningitis, or general miliary tubercular deposits in many organs.

A diagnosis is especially important between simple pneumonia in children when attended with delirium, coma, and other cerebral symptoms, and miliary tuberculosis of the lungs when associated with tubercular meningitis. The symptoms of the two diseases are very much alike, but the latter is an almost necessarily fatal disease, while the former is among the most curable. The only distinguishing marks as yet have been that the heat of the skin never rises so high in the tubercular disease as it does in pneumonia; neither is

the elevation of the temperature so continuous ; nor does it fall so rapidly and decidedly as it does on the critical days of convalescence from pure and frank pneumonia. In cases in which we are in doubt between cerebral and pneumonia, and tubercular meningitis associated with miliary tubercles in the lungs and other organs, if the heat of the skin is very great, and no sign of the tubercles can be detected in the choroid, we may safely conclude that we are dealing with the milder disease, although the symptoms may be much more severe. If this diagnostic sign had been known before, it is almost certain that so many cases of supposed recovery from tubercular meningitis would not have been recorded.—*Med. Gazette.*

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### What is Typhoid-Pneumonia?

Grissole says that half of the cases of pneumonia occurring in persons with chronic disease of liver and kidneys, and nearly all in those who have chronic disease of the nervous centres assume the adynamic or typhoid form.

That this kind of pneumonia may closely resemble typhus fever, is proved by the fact, now considered to be tolerably well ascertained, that Pinel, one of the ablest systematic writers of France, drew his descriptions of the so-called dynamic and ataxic fevers almost exclusively from cases of pneumonia occurring in old persons. He was physician to the Salpêtrière—a hospital for aged people, all of whom were above the age to which typhoid fever of Paris is limited. Pneumonia is now found to be one of the most frequent and fatal diseases of this hospital—and in a large number of cases it presents the same general assemblage of symptoms given by Pinel as characterizing adynamic fever.

Some physicians think that the expression of the countenance is of itself sufficient to characterize typhus fever, but a dull, heavy flush of the face occurs in pneumonia, and the look may be heavy, languid and dull.

Cough and expectoration may be absent, and the patient may not complain of his chest ; but, his breathing is generally laborious, and the lips livid, although the skin may be almost natural. In very weak subjects bronchial respiration is absent in at least one-half of all cases ; owing partly to the great debility of the patient which prevents him or her from inspiring sufficiently deeply and strongly to produce the tubular sound ; and partly to the fact that splenization is more common in the second stage than the firm hepatization which conveys the sound from the air tubes through an almost solid lung.

Hence large crepitation, or muco-crepitant rhonchus is more frequently heard than tubular, or bronchial respiration.

This so-called typhoid pneumonia is also apt to occur during the course of delirium tremens in broken down subjects ; the prostration



of strength and recumbent position of the patient then favors the congestive engorgement, or sub-inflammation of the posterior lobes of the lungs.—*Medical Gazette*.

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### What is Pneumo-Typhus ?

Nothing is more common than for Typhus to become complicated with Pneumonia whose invasion is seldom indicated by any unusual dyspnoea, or expectoration, or by any of its common symptoms. This so-called Pneumonia is often the cause of a fatal termination of typhus. In the young and robust, it may be suspected from the occurrence of a sudden and marked increase of fever; but in old or much enfeebled patients it comes on, marked only by a sudden prostration of strength and loss of consciousness; the skin becomes harsh, the excretions fetid, the teeth and tongue covered with a fuliginous coating; while coma and trachial rattle announce the near approach of death.

Cancer is also apt to be followed by Pneumonia with some of the above symptoms. In 22 cases the upper lobes were chiefly affected; very old people seldom recover. The symptoms of meningitis complicating pneumonia are obscured, the patient is often delirious, but he comes comatose towards the end.

In five cases there was jaundice, three of which were fatal, but no lesion of liver was found.

Of nine cases in first stage, only one proved fatal, and in that pneumonia was double; of forty-six in the second stage, seventeen died; of six cases in third stage all proved fatal. The older the patient and the more feeble, or diseased originally, of course the more fatal the case proved.—*Id.*

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### What is Senile-Pneumonia ?

It is merely a ramolliment, or splenization in which the lungs are soaked as it were with dissolved blood, and so much softened as to be easily lacerable and reducible into a soft pap on pressure. Hence it is much more frequent in old and enfeebled subjects than in younger patients; it is frequently associated with disease of the left side of the heart.

There are two varieties of attack. It may be either sudden and manifest, setting in with a chill, pain in the side, cough, &c., or, it creeps on insidiously, and is well established before its existence is even suspected.

In March and April it is almost always manifest; often preceded for several days by headache, general languor, coryza with or without epistaxis; flying pains in the limbs and chest; when the Pneumonia is fairly established, stupor and adynamia quickly set in.

In the second or *latent* variety, there is no chill or pain; the pa-

tient only feels ill at ease and altogether more feeble; the breathing may be hurried and irregular, with some paroxysmal cough and difficult expectoration of phlegm. The skin may be merely warm, and tongue dry, without either cough or disturbance of breathing, although the patient may have been subject to asthma, or chronic cough. In short the only symptoms may be general malaise and feebleness.—*Id.*

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**INTESTINAL PUNCTURE IN TYMPANITES.**—Under the advice of Dr. Fonssagrives, intestinal puncture, as a last resource, has been several times practised at Toulouse, on two patients suffering with tympanites. In the first case, the abdomen formed an immense mass; the patient was perfectly cyanosed and suffocating. An exploring trocar was inserted into the most distended part of the umbilical region. The gas escaped so violently as to extinguish a candle. The distension returning the next day, two fresh punctures were made in different places, and gave so much relief that the life of the patient was prolonged four days. In another case six punctures were successively made until the gases were naturally evacuated, and the patient cured.—*Western Journal of Medicine.*

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### The Apothecaries' Act.

An Act regulating the compounding of prescriptions, has passed both houses of the New York Legislature, and only awaits the Governor's signature to become an operative law. It reads as follows:

**SEC. 1.** No person employed or in attendance at any drug store or apothecary shop shall prepare a medical prescription, unless he has served two years apprenticeship in a drug store or is a graduate of a medical college or a college of pharmacy, except under the direct supervision of some person possessing some one of the before-mentioned qualifications; nor shall any one having permanent charge as proprietor, or otherwise, in any store in which drugs are sold by retail, or at which medical prescriptions are put up for sale or use, permit the putting up or preparation thereof therein by any person, unless such person has served two years as apprentice in a retail drug store, or is a graduate of a medical college or a college of pharmacy.

**SEC. 2.** Any person violating the provisions of this act shall be deemed guilty of a misdemeanor, and shall be punished by a fine not exceeding \$100, or by imprisonment not to exceed six months in the county jail; and in case of death ensuing from such violations, the person offending shall be deemed guilty of a felony, and be punished by a fine not less than \$1,000, nor more than \$5,000, or by imprisonment in the State Prison for a term of not less than two years or more than four years, or by both fine and imprisonment in the discretion of the Court.

**SEC. 3.** This act shall take effect immediately.

### A case of Poisoning by Nicotina.

The following case of poisoning by nicotina may perhaps, on account of the manner in which it was produced, prove interesting and instructive. I was summoned on the 21st instant to see a little boy, seven years of age, said to be in a fit. On arriving at the house I found him completely insensible, cold, pulseless, with prolonged respiration. On trying to rouse the child, I discovered a blackish patch, about the size of the palm of the hand, on the side of his neck, which I was informed was ringworm, and that an ever-ready old woman prescriber, with which this neighborhood is blessed, had advised the parents to procure an old much-used tobacco pipe, to scrape its interior, and apply the ash, mixed with a little oil, to the abraded surface. In the course of half an hour the child went to his father complaining of a sense of choking, tottering in his gait, and vomiting. I saw him about twenty minutes after, and found him in the state above described. The father assured me the quantity of ash applied could be held on the point of a tolerable-sized penknife. The treatment pursued was, having the part immediately well washed with soap and water, rousing the little patient, administering ammonia and coffee, with friction to the limbs, &c. Consciousness and reaction soon commenced returning, and in an hour or so the child was out of danger.—*Lancet*.

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### Modern Hcmæopathy.

The *Medical and Surgical Reporter* (Phila.) furnishes the following extract from the proceedings of the Cleveland Homœopathic Medical Society, recently held in that city:

“Dr. S. R. Beckwith asked if the members had any experience to report on the use of bromide of potassium in epilepsy; said it was a pretty sure remedy, given in *sensible* doses. He related several cases favorably affected by its use.

“Dr. P. Wilson reported that late clinical reports had shown that in bad cases of epilepsy, it was safe to give as high as *sixty grains of bromide of potassium three times daily*; that such doses caused temporary insanity, which might be continued many weeks, and yet disappear on ceasing the use of the medicine.”

The same Journal says, that the reports of the London Homœopathic hospitals show a decided partiality for similar “massive” doses.—*Medical and Surgical Journal*.

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### Hebra's Management of Scabies and Eczema.

This distinguished professor of cutaneous diseases treats all his poor patients affected with *Scabies* with the application of his “Cure Salve.” At his clinique a half-dozen men and boys, perfectly naked,

are drawn up in line, and the old nurse takes his position before them, with a large pot of the semi-solid salve at his feet.

A small quantity is presented to each for the hands, then the forearms, arms, abdomen, lower extremities, &c., and finally for the back; the company then faces to the right, standing in company file, when each officiates for the man before. After the friction, each individual is laid in bed and rolled in a blanket from head to foot, and there he lies for two days. He is then inspected; should he not require another application, he is now rubbed off with fine clay. Prof. H. insists strongly that the patient shall not bathe for four or five days, as the concomitant eczema is always aggravated thereby. Should the eczema require treatment, the patient is furnished with ol. cadini, a preparation of tar, which he is instructed to use. The composition of the all-healing salve is as follows: Sulphur, tar, each six ounces; soap, fat, each one pound; chalk, four ounces.

*Eczema* is treated according to its form. In an acute case which occurred recently, wherein the entire trunk was covered with vesicles on an inflamed base, pulverized starch was applied, and in four or five days the cure was complete. Incrustations are softened and removed by the application of cloths saturated in cod-liver oil; when either the oil is continued, or preparations of tar united with it, or alone maintained, or in obstinate forms, a caoutchouc glove or stocking is worn.—*Vienna Correspondence of Western Journal of Medicine.*—*Medical Record.*

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### Absorption of Nutriment Injected Subcutaneously.

Drs. Menzel and Perco, in Vienna, seem entitled to the credit of some originality, and perhaps of a useful discovery; though it were premature to speak of the practical value of their researches. They began with the injection of almond, olive and cod-liver oils under the cutis of dogs—the quantity used varying from a drachm to an ounce. Finally, after twenty-five successful experiments of this kind, they obtained Prof. Billroth's consent to practice a similar injection upon one of his patients, the quantity injected in the latter case being 9 gr. (grammes?); and with the same successful result as that obtained in the other case, namely, absorption of the oil in from 36 to 48 hours, without any local inflammation, or any other evil consequences. Returning to their *corpora vilia* they now injected a drachm of milk once; one or two drachms of syrup simplex ten times, and a drachm of the yolk of a hen's egg four times, with perfect success in each case, the substances being usually absorbed complete within twenty-four hours.

Strickner and Oser have practised similar injections of peptone upon patients—but the trial of undigested nutriment has not, it is claimed, been previously made.—*Wiener Med. Wochensch.* and *Boston Med. & Sur. Jour.*

## Indirect Osteoplasty.

Prof. Billroth, in a contribution on the results of operative proceedings for favoring the regeneration of bone from periosteum, states that, in diseased conditions of the full grown hollow bones of adult subjects, the periosteum resembles that found in early life, in being lined by a layer of cells which may be converted into irregular and luxuriant masses of osseous tissue. This progress is observed in cases of otitis and acute periostitis, particularly in syphilitic subjects, in whom there is a great tendency to the formation of osteophytic growths. The sanguine expectations with which periosteal osteoplastic operations were undertaken have not, however, been fulfilled. In the first place, the surgeon has no power to limit or control the abundant formation of bone-cells from diseased periosteum; and, again, the newly formed bone after a time contracts like other regenerated connective tissue, and finally wholly disappears. Artificial osteogenesis may be produced in children, after resection, when the wound heals by primary intention; but it fails in adults, and when the wound remains open for some time, with profuse suppuration. Rhinoplastic operations, in which flaps of periosteum had been detached from the frontal bone, though followed by formation of osseous tissue in the new nose, were ultimately unsatisfactory in their results, in consequence of the absorption of this tissue, and of the formation of an immoveable and tense cicatrix on the forehead. The transplanting of periosteal flaps in operations for cleft palate is not approved of by Billroth, in consequence of the great difficulty of the proceeding, and of its slight utility. In cases of necrosis of the gums from phosphorus-poisoning, success has frequently attended periosteal resection when the formation of new bone was not prevented through profuse suppuration. The formation of a perfect maxillary bone must not be expected: in regeneration of the upper jaw, the antrum is lost, the bone itself is flattened, and the cheek sunken. In resection of joints, periosteal operations, in consequence of the softened and relaxed condition of the membrane, have not resulted in marked success, except in a few cases, in which they were practiced on young subjects, and where healing was perfected without severe symptoms.—*Allgemeine Wiener Medizinische Zeitung*, No. 49, 1868.—*New Orleans Medical Journal*.

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## The Vectis.

Dr. Swayne, of the Bristol Hospital and Medical School, says of the *vectis*, that it acts both as a lever and a tractor, its chief advantage being the facility with which it can be introduced, in order to correct malpositions of the head. He has found it very serviceable in presentations of the brow, where, as is generally the case, it is found impossible to push up the forehead so as to allow the occiput

to come down. By passing up the vectis over the chin, that part may be brought down, and the presentation altered into one of the face, which is in every respect more favorable.

Again, in face presentations, if the chin be turned towards the hollow of the sacrum and do not readily engage itself underneath the pubic arch, it may be brought around into that position with the vectis.

Also, when the head presents with the forehead in the anterior semi-circle of the pelvis, we may often succeed by means of the vectis in bringing that part round into the posterior semi-circle.

Where, however, it is necessary to assist delivery because the head is arrested during its descent through the pelvis, the vectis is a singularly inefficient instrument. For, if used as a tractor only, it is almost sure to slip if much traction be made; and, if applied, as a lever only, it is unsafe, unless we make the hand a fulcrum, and then very little power can be applied, because the hand is not a sufficiently fixed point.

Dr. Robert Barnes has pointed out the best method of employing the vectis, both as a lever and a tractor. He directs that it should first be applied over the occiput, and that part drawn down until it is lower than the vectis; next the vectis should be applied posteriorly over the forehead, and that brought down lower than the occiput; and on, until at last the head is brought down through the outlet of the pelvis. But the first result of these procedures is apt to be the conversion of the ordinary presentation of the vertex into one of the occiput, which is not nearly so favorable. The same thing is apt to happen when the forehead has been depressed by the vectis, so that it may well be questioned whether we do not impede nature more, in these cases, by rendering the presentation less favorable, than we assist her by our extractive efforts with the vectis. Swayne is convinced that when the head is arrested in its course, and instrumental interference has been decided upon, it is better to have recourse to the forceps at once. He now never uses the vectis, except to correct mal-presentations.—*British Medical Journal*.

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### The Forceps.

In the use of these instruments there has been a remarkable reaction from the overcautious practice which prevailed towards the end of the last century, and which was due in a great measure to the interference and example of the illustrious Denman, who taught accoucheurs to place an almost Abyssinian confidence in the powers of nature, and never to resort to instruments unless they had the most positive evidence that she was unequal to her task. He went so far as to insist that the head of the child should have rested for six hours as low as the perineum, *i. e.* in the situation which will best allow of their application, before forceps should be applied, although the pains should have altogether ceased for that time.

### Dr. Benjamin Howard's Direct Method of Artificial Respiration.

"The patient is laid on the ground upon his back, his arms fully extended backward and outward, a firm roll of clothing being placed beneath the false ribs, so as to throw their anterior margin prominently forward. The tongue being held forward by an assistant the operator facing the patient, kneels astride his abdomen, and places both hands so as the balls of the thumbs rest on the anterior margins of the false ribs, the four fingers falling naturally into four of the lower corresponding intercostal spaces on each side.

"The elbows of the operator being then planted against his sides, he has but to throw himself forward, using his knees as a pivot, and the entire weight of his trunk is brought to bear upon the patient's false ribs. If, at the same time, the fingers of the operator grasp and squeeze the false ribs toward each other, these combined actions crowd the false ribs upward and inward, producing the greatest possible motion of the diaphragm and displacement of the contents of the pulmonary air-cells.

"The operator then suddenly lets go and returns upon his knees, where both the in-rush of air and the natural elasticity of the ribs at this part cause instant return to their normal position.

"This repeated with proper rhythm and frequency, constitutes the entire process."—*Medical Archives*.

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### Rheumatism.

At St. Mary's Hospital the treatment, as adopted by Dr. Gibson, may be described as embracing three points: 1st, removal of pressure and tension of joints; 2d, an even and warm temperature; 3d, removal or relief of pain. To accomplish the first of these ends, the patient lies in bed, and his joints muffled in cotton, wool and flannel, a cradle being placed where the weight of the bed-clothes is painful. For the second, the patient wears a flannel dressing-gown, and the blankets touch the skin of the lower extremities, sheets being placed over only the upper part of the bed. For the third, the linimentum belladonnæ (ext. belladon. 3 j., linim. saponis 3 vj.) is applied to painful joints, and covered over with wadding. Occasionally, where the pain is very excessive, from an eighth to a quarter of a grain is injected subcutaneously. For the rest, he has now and then found it useful to apply a leech or two to a swollen joint, or to the cardiac region. In cases where there appears to be a gouty complication, Dr. Gibson employs a little iodide of potassium; but apart from this he does not give any potash to his patients. He rarely finds the urine containing acid after the first few days of treatment. As regards food, the patient is allowed from the first roast meat, rice-pudding and porter. The patients spoke in strong terms of the efficacy of the belladonna liniment. At night they generally slept well.—*Lancet*.

**THE INTERNATIONAL MEDICAL CONGRESS OF 1869.**—The International Medical Congress, which held its first meeting last year, at Paris, will meet this year at Florence, on the 20th September, under the honorary presidency of M. Bouillaud. The work of Congress will be divided as hitherto into two parts—namely, the discussion of the special questions in the programme, and communications on other medical subjects. The Committee have selected the seven following questions for this year :

1. Marsh miasm ; the conditions of its developement in different countries ; its effects on man ; the curative and preventative remedies.
2. The therapeutic value of the different methods of treating cancerous diseases ; their indications and contra-indications ; the value of general treatment.
3. The treatment of gunshot wounds, in relation to the progress of the art of war and of modern international law.
4. The hygienic conditions of hospitals, and the value of home treatment.
5. The influence of railways on the health of man.
6. The conditions which favor the production of endemic and epidemic diseases in great towns ; the means of prevention, and the advantages to be derived from the proximity of great rivers and seas.
7. The rights and duties of the medical man in relation to the Government in different countries, and the reforms which can be reasonably expected.—*London Lancet*.

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### **Fungous Origin of Scarlet Fever.**

Hallier, who has distinguished himself so greatly by his investigation of the cholera fungus, has discovered something similar in scarlet fever blood. He says he has never seen such an immense number of micrococci in the blood of any other infectious disease. These are at first as small as the finest pin-point, or the most minute granular matter. They are present in far greater numbers than the blood globule themselves ; both swimming free in the serum and accumulated in granular masses and groups. They both accumulate on and penetrate into the blood globules. The white corpuscles as well as the red globules are supplied with them ; almost without exception. Just as there is a great resemblance between the seeds, roots, stems and leaves of plants, so do the microscopic germs develop themselves into sprouts and shoots which resemble those of many other microscopic plants. But Hallier has discovered three immature and three mature forms of spores, which he considers characteristic of scarlet fever poisoning, and names them *TILLETIA SCARLATINOSA*.

J. C. P.

\* \* Prof. Hallier, in his researches in Microscopic botany, has cultivated many fungi up to the reproductive or seed bearing stage.



In this mature (coniothecal) form, characteristic specific differences are noticeable between the different plants; but during the earlier stages of development it is almost impossible to distinguish between them. Nearly all begin as micrococci, and pass through the various forms of torula and penicillium, before showing marked individual characteristics.—*Medical Gazette*.

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At a recent meeting of the French Academy of Medicine, a paper by Dr. Shrimpton was read, calling attention to the great modifications of the hospital system taking place in England. He pointed out that the large hospitals in London and other towns were likely to disappear gradually, in consequence of the recognized superiority of cottage hospitals scattered all over the country. To show conclusively the superiority of these cottage hospitals, Dr. Shrimpton adduced some very remarkable facts vouched for by Sir James Simpson, from which it appears that the mortality after surgical operations is very much less in these small hospitals—where the patients are free from the obnoxious effects of overcrowdings and enjoy the advantage of pure country air—than in the large hospitals of London, Edinburgh, and Glasgow. These figures speak for themselves—thus out of 2,089 amputations in the large town hospitals, 825 proved fatal, whilst in the country, out of 2,098 amputations, a fatal result ensued only in 226 cases. This communication produced a great impression on the Academy of Medicine, and well it might, for the mortality in the French hospitals, especially through the overcrowding and bad ventilation of the wards, is something perfectly fearful. Placed almost invariably in the most unhealthy parts of Paris, the hospitals are so crowded that the patients have not their proper proportion of air. The great bulk of French medical men look upon these huge caravanserais of sickness more as places of study for the profession than places of cure for the patient. The consequence is, that the lower classes in Paris have as great a dread of the hospital as the lower classes with us of the workhouse, and these establishments professedly raised for the relief of the suffering poor, are chiefly useful as experimental schools of medicine. Instead of being what they are intended to be, *sanatoria*, they are merely *mortuaria*—huge museums of disease. Dr. Shrimpton has done good service in drawing the attention of his French *confreres* to cottage hospitals, and their obvious superiority, and it is to be hoped that some of the French medical reformers will take the matter vigorously up.—*Medical Gazette*.

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**MEDICINAL APPLIANCES ON SWEEDISH RAILROADS.**—In Sweden every railroad train has a complete pharmacy and a competent medical staff, so that in case of accident the wants of the wounded are immediately attended to.

## Editorial Department.

### Death of Dr. Joshua R. Lothrop—Resolutions of the Medical Staff of the Buffalo General Hospital.

At the last regular meeting of the Medical Staff of the Buffalo General Hospital, the following resolutions were unanimously passed:

Whereas death has recently removed one of the members of the Medical Staff of the Buffalo General Hospital, Dr. Joshua Rich Lothrop, who died July 22d, 1869,

*Resolved*, That in the death of Dr. J. R. Lothrop, we have to mourn the loss of a warm-hearted, unassuming, generous friend and associate, whose life and character was such as to command our highest respect, and whose early and sudden death impresses us with the deepest sadness and sorrow.

*Resolved*, That the Buffalo General Hospital thus sustains the loss of a faithful, scientific and experienced surgeon—a man of calm deliberation, sound judgment, and great skill, whose valuable services have largely contributed to the honor, success and usefulness of the institution.

*Resolved*, That we deeply sympathize with the family of our late friend, and hereby extend assurance that we shall long cherish with them his memory, associated as he is with our pleasantest professional recollections.

*Resolved*, That these resolutions be published in the Buffalo Medical Journal and transmitted to the family of the deceased.

J. N. BROWN, Secretary.

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### Photographs of Distinguished Foreign Physicians, Surgeons and Specialists.

We have to acknowledge, with many thanks, the receipt of one hundred card photographs, of the more distinguished foreign Physicians, Surgeons and Specialists, embracing many of the most celebrated Professors and Authors in Medicine, and the allied sciences.

Dr. Wm. H. Helm, of Sing Sing, N. Y., has collected at great cost and labor these photographs, and has at the urgent solicitation of several of his medical friends undertaken to furnish the Profession of this country with accurate copies of his collection. These copies can be had at a trifling cost compared with the originals. He has the satisfaction of stating that the copies are scarcely inferior in the slightest respect to the originals, and far more satisfactory than he had anticipated in the beginning of the enterprise. They have all been made under his immediate supervision, and in the few instances where a photograph is not fully equal to the rest of the series, it is not due to the photographer who has been employed, but to the fact that the original was not entirely satisfactory, although the best that could possibly be procured.

The subscriber wishes to express his indebtedness to Drs. Wm. H. Ford, of Phila-

delphia; G. J. Fisher, of Sing Sing, N. Y.; J. H. Pooley, of Yonkers, N. Y.; Wm. F. Holcombe, and Prof. Fordyce Barker, of N. Y.; for the loan of original photographs and for advice and assistance.

*Terms.*—\$15.50 per set of 100. \$2.00 per doz. 20 cts. each for less than 1 doz. Sent post-paid by mail.

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“ “ LINDRAY & BLACKISTON, “

“ “ WM. WOOD & Co., New York.

The profession are under many obligations to Dr. Helm for this effort, since many of the single photographs are really worth the price of the whole collection. Physicians who would like better acquaintance with foreign teachers and authors will avail themselves of this rare opportunity.

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### Items, Selections and Remarks.

BY W. W. MINER, A. B.

Prof. Lister, of the University of Glasgow, has, in the June number of the *Lancet*, an article on the *Antiseptic system of Ligature*. He proposes to avoid suppuration of surgical wounds by means of an antiseptic bath, and, by using for ligatures, animal tissue that shall be absorbed, thus allowing immediate and complete cicatrization. He cites three experimental cases, in one of which he uses strips from the peritoneum of the small intestine of an ox, in place of the ordinary silken thread. A sound cicatrix was formed in about a week; and, at the end of a month, the greater portion of the ligature was found to be absorbed and replaced by living fibrous tissue. The knot contained fragments of the original peritoneal tissue in process of replacement, while a firm living fibrous cord, supplanting the original ligature, encircled the artery, and was continuous with its outer coat. He recommends a cord prepared from the small intestines of sheep, which has been treated with a solution of carbolic acid in five parts of olive oil, in which a little water is diffused. Great care is taken to destroy all germs of putrefaction, which might enter the wound, by the use of carbolic acid solution. Prof. Lister recommends “torsion” in the case of all the small arteries.

From fourteen of the medical colleges of the country, a total of 1008 medical students have graduated this year.—Prof. Benj. Howard's method of artificial respiration has been taught the police of New York city.—Dr. Flint's articles on the “Rochester Knockings,” which first appeared in the *Buffalo Medical Journal*, are reproduced in the July number of the *Psychological Quarterly*.—The American Otological and Ophthalmological Societies held their annual meetings at Newport, commencing July 20th and continuing three days. The latter society now numbers sixty-one members.

The vapor of carbolic acid, obtained by heating a solution of the acid over a gas-jet, furnishes a very ready and effective means for fumigation. An advantage this vapor has over chlorine and sulphurous acid gases, is that it is not injurious to metallic surfaces.—Prof. Moxey, of England, administers food to insane persons, and those unable to take it in the natural way, by means of the nose. The patient is placed in a lying posture, and involuntarily swallows the liquid, which is introduced in suitable doses, through his nostril.—The *Reporter* says: "A citizen of Brunswick, Me., who earns his living working by the day, has paid for morphia, for the use of his wife, nearly thirteen hundred dollars, during the past fourteen years.—M. Kœberle, of Strasburg, has performed ovariectomy in twenty-five cases, from June 1st, 1868, to April 1st, 1869. Twenty of the patients have recovered and five have died.

The English Chemical Society has instituted a gold medal, in honor of the late Prof. Faraday, to be given to such foreign chemists as shall attain eminence in the science.—Geo. A. Peters, surgeon to the New York hospital, has an article on acupuncture in the June number of the *N. Y. Medical Journal*, occupying thirty-six pages, and accompanied by sixteen illustrative wood-cuts. In the July number of the same Journal, Prof. Austin Flint has an excellent article on "Prognosis in Bright's Disease."—Dr. Magni, Prof. of Ophthalmology, in the University of Bologna, Italy, has gone to Lima, Peru, to operate on a merchant for cataract. Besides the expenses of the journey for himself and assistant, he is to be paid a fee of one thousand francs, about twenty thousand dollars in gold.

Ferric hydrate combines with cane sugar to form what is termed saccharated ferric hydrate. In this definite compound, saccharose seems to combine with iron very much as ammonium does with other metals. This substance may be precipitated with alcohol from its solution, washed, dried, powdered and preserved, without alteration. It combines ten per cent. of metallic iron, and dissolves in water without decomposition. It is of a brownish color, and has no styptic taste. Bonbons of this substance, containing one-fifteenth of a grain of iron, are in use in Germany. In addition to preserving the general therapeutic properties of iron in a very pleasant form, it constitutes the best antidote for arsenic. Arsenious acid easily decomposes it, liberating the sugar and forming an insoluble iron compound. The German journals give accounts of it, which are receiving considerable attention among pharmacutists.

Union College, at its last commencement, conferred the degree of L. L. D. on Prof. Frank H. Hamilton.—Dr. Austin Flint, Jr., has received a prize from the French Academy of Science for his "Experimental Researches on a new Function of the Liver."—The "N. Y. City Dermatological Society," the first of its kind in the world, has just been established, with H. D. Buckley, as President; T. D. Wiese, Vice-President; and Fred. Zinnser, as Corresponding Secretary.—The "Society for Reporting the Progress of Medicine," has been formed in New York City, consisting of one representative from each of the departments of medicine. The officers are H. Knapp, President; and A. L. Carroll, Secretary. Meetings are held on the second and fourth Thursdays in each month.

Prof. E. Andrews, of Chicago Medical College, has recently tried Prof. Lister's System of Ligatures, and with good result. — Herr Strollberger, a silversmith of Munich, after various experiments, has found that, for protecting polished surfaces of silver from the blackening consequent on exposure, a coating of collodion is the most efficient and excellent means. He dilutes common collodion with alcohol and applies a very thin coating with a soft brush. — Nelaton saved his first case of croup when tracheotomy was performed, and then operated twenty-three times without a recovery. Probably he operated, under all circumstances, like the majority of French Physicians. — *Medical Record*. Rather severe.

M. Tardieu has reported to the French Academy of Sciences, two cases of poisoning, caused by wearing stockings dyed with *coralline red*. This brilliant coloring substance, wherever brought in contact with the skin, caused blisters, some of which reached ulceration, while a general feeling of pain affected the system. Experiments on animals show that this fashionable dye is a very energetic poison. — Saw-dust pills would effectually cure many of the diseases with which mankind is afflicted, if every individual would make his own saw-dust. — *Reporter*.

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### Catalogue of the Howard University.

We have received a catalogue of this institution now organized in all the departments of a university. In 1867 Congress passed an act incorporating the Howard University to consist of Normal, Collegiate, Theological, Law, Medical, Agricultural, and such other departments as its board of Trustees should establish.

The Trustees have elected to the various professorships in the Medical Department very worthy and efficient men. We are pleased to see that Dr. Phineas H. Strong of our city has received the honor of appointment to one of the most important chairs in the Medical Department—Professor of the Principles and Practice of Medicine. We most heartily congratulate the University upon being able to secure the services of so capable and worthy a teacher.

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### Pure Stimulants.

We have received, from F. Briggs & Co., specimens of Old Rye, Monongahela and Bourbon Whiskies, which appear to us as very pure and fine. Those who desire stimulants for medicinal purposes, will do well to call upon this firm, corner Washington and Quay Streets, where will be found a general assortment of the choicest American and imported liquors.

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### Library of the American Medical Association, Washington, D. C.

The Medical Profession, and Scholars generally, are aware of the ephemeral form in which most of the early American contributions to the literature of medicine were given to the world, and, indeed,

in which many of the more recent are being published. This condition of much of our professional literature is deeply regretted by all, and particularly by those whose taste and research lead them to refer to this class of works, when the fact is made apparent that whole editions of tracts and books have entirely perished through neglect. With a view to provide against such a contingency, and preserve, for the benefit of the profession, in some accessible and central locality, copies of all home medical publications, the American Medical Association, at its annual meeting in May last, resolved to establish at Washington, D.C., a Library or Repository of American medical works, to which it is believed all the current medical literature of our country will be cheerfully, promptly and constantly contributed.

It is designed that this repository shall contain copies of every contribution by American physicians to the literature and science of medicine, from the earliest settlement of our country, no matter how or where published, including all the books, pamphlets, journals, and even unpublished manuscripts, that can be collected.

Nearly all physicians have some book or pamphlet of the character indicated, which may contain facts relative to the Diseases of his section published no where else, which they can contribute without inconvenience, and which of itself is of trifling value, yet when many such treatises are assembled together from all parts of our country, embracing its nosology from the earliest period of its settlement, they will form a collection of the greatest importance to the profession.

The Librarian of Congress has kindly consented to receive and preserve as a special deposit, in the Government fire-proof building, any collection of medical works the American Medical Association may make, and will keep them in condition to be readily consulted. The accommodation thus offered the Association for accumulating and preserving its library free of cost is generous and most encouraging. Gentlemen having scarce and valuable American medical publications will not hesitate to deposit them in such a safe, central and national repository, where they will be preserved from destruction and their usefulness secured to the profession.

An appeal for contributions to this library is now made, person-

ally and distinctly, to each and every American Physician, Medical Publisher, and Editor, to deposit copies of their works in this repository, where they will be carefully kept for reference and catalogued with the name of the donor.

We, the undersigned, members of the American Medical Association, having been selected to carry into effect, as far as practicable, the resolution of the Association to establish a Library, have now completed all the necessary arrangements for the reception and preservation of those books which may be sent to our care. Contributions of the class of works mentioned, are therefore respectfully and earnestly solicited from every source. Packages may be sent by mail or by Adams' express, to either of us, which will be promptly acknowledged on reception, and a record of titles kept. The library mark of the Association will be pasted on the inside of the cover of each Volume, which will contain also the name of the donor.

Hoping that you may further the project to the extent of adding at least your own productions,

We remain, respectfully,

ROBERT REYBURN, M. D., Librarian,

JOSEPH M. TONER, M. D., Library Com.

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## Books Review.

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*Soelberg Wells on Diseases of the Eye.* Philadelphia, HENRY C. LEA, 1869.

It is universally conceded that no department of medicine has changed so wholly, or rather grown so rapidly, as Ophthalmology. The discovery of the ophthalmoscope, and the development of the theories of refraction and accommodation, together with the changes which have taken place in the views of Ophthalmic Surgeons, as to the nature, causes and treatment of many of the diseases of the eye, have completely revolutionized the views of the profession, and constituted Ophthalmology a new science. This new work, by Soelberg Wells, embraces the modern doctrines of Ophthalmologists, and comprises the whole science as understood and practiced at the present day. It enters fully into all the advances which have lately been made, and embodies a complete record of the opinions and practices of the best authors. It contains two hundred and sixteen engravings on wood, which are very finely executed, and add greatly to a correct understanding of the text. There are, also, six colored plates, representing the ophthalmoscopic appearances of the normal *fundus oculi*, and the retina, as affected by various

*dissepas.* These colored plates are very fine, and are useful, indeed indispensable to the student who would understand the nature and causes of the diseased conditions of the retina as seen by aid of the Ophthalmoscope.

Speaking of Von Graefe's method of "Extraction of Cataract," which still receives a great deal of attention among Ophthalmologists, our author says: "The success of this operation has been so great that most Ophthalmologists, amongst whom I may mention Mr. Bowman, have abandoned the scoop extraction, and even to a great extent the flap operation. My own experience of it is also exceedingly favorable, and I prefer it greatly to every other operation." The subject of cataract is discussed at considerable length, and all the main questions at issue considered. This completeness is observed throughout the entire work; and this instance is only referred to, since our attention was directed to it as a subject upon which we would like to know the opinions of the author. The work appears to us as most admirably adapted to the wants of the profession, and we hope it will be in possession of all practitioners of medicine. Physicians, in general practice, are not expected to devote enough attention to the eye to become experts in the diagnosis or treatment of many of its more obscure or important diseases; but certainly all physicians should study the subject enough to understand how wholly incapable they are of giving advice in many cases which may involve the loss of vision. Every ophthalmic surgeon is often pained to witness total loss of vision from preventable causes, and in some instances, alas! from the want of appreciation of the danger by the family physician. Physicians, generally, should either bestow more attention to diseases of the eye, or refuse to give advice in all important cases; but physicians in the smaller towns cannot avoid the responsibility and should avail themselves of the advantages offered by such a work as the one before us. Similar works have been published within the last few years, but we venture to say that no one will be found to more fully meet the requirements of students and practitioners than the one by Soelberg Wells.

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*Notes on the Phenols from Coal Tar, (Carbolic Acid) and on Rhubarb.* BY E. R. SQUIBBS, M. D.

These articles, which appeared in the Report of the Am. Pharm. Assoc., and in the Am. Jour. Pharm., are also presented us by the author in pamphlet form. The paper on "Carbolic Acid" contains the results of recent original investigation, has also notes from general sources, and is of much interest to physicians as well as pharmacists. It is becoming generally understood that the carbolic acid of the shops contains two distinct products, phenol and cresol, together with more or less oily impurities. Pure crystallized carbolic acid is called phenol. The same name is also typical of a class of similar compounds. Cresol distils at higher temperatures than phenol, and is separated from it by fractional distillation.

The experiments on the comparative properties of these two substances result thus: "The azyzotic power of their saturated solutions is somewhere about equal, whilst the saturated solution of phenol holds (6.6 per cent.) five times as much of that substance as a saturated solution of the other does of cresol (1.3 per cent.) Experiments, not yet complete, do not thus far show any marked difference in the



antiseptic effect of the two phenols. In the writer's judgment there is no doubt as to the impropriety of separating and rejecting the cresol. A liquid mixture of the two phenols, in the ordinary proportions in which they occur, is at least equally useful for all the known purposes to which the crystallized carbolic acid has been applied in medicine or hygiene, whilst such mixtures are far more easily and cheaply obtained. It should not contain more than ten per cent. of insoluble impurities, and saturated solutions will contain from two to five per cent. of it, according as phenol or cresol predominate, but generally 4 per cent., while the standard saturated solution of crystallized phenol contains 5 per cent."

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*Virchow's Life of the Trichina:* Translated by RUFUS KING BROWNE, M. D., New York.

The original German edition of this treatise of forty-eight pages, was published by Virchow, one of the early investigators of the subject, as being the only method of answering numerous individual inquiries, and of enlightening the public, whom this matter so nearly concerns, to whom scientific works are not generally accessible. Dr. Browne has alike favored the English speaking community by his translation of the work.

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*Proceedings of the Michigan State Medical Society for 1867-8.*

The report of the convention which organized the society in 1866, together with its proceedings for the two succeeding years are here given. Papers on Obstetrics, Diseases of Women, Zymotic Diseases, Lachrymal Obstructions, Surgery, etc., ten in number, are published, together with the annual address for 1868, by J. H. Jerome, M. D., of Saginaw City.

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*American Exchange and Review.* FOWLER & MOON, Phila.

This monthly magazine, which has been published for the past seven years, represents a large variety of departments, economic and scientific, each of which receive due share of attention. Prof. H. S. Osborn, of Lafayette College, has charge of the mining and metallurgical department, and the esteem in which the publication is held by intelligent business corporations is well evinced by the patronage it receives.

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*Transactions of the American Ophthalmological Society: Fourth and Fifth Annual Meetings.*

This volume was published, ready for distribution, at the last meeting of the society, held at Newport, in July. Twenty-five papers, which had been presented the society at the two previous meetings, are here printed, accompanied by test-letters and illustrative plates. The following amendment to their constitution, which is characteristic of the spirit of the Association, was passed last year:

"No member of this Society shall attach to his name, in any public announcement, the title of oculist, or any similar title, or shall announce in print that he gives special or exclusive attention to special practice."

*Transactions of the Georgia Medical Association.*

A revised Constitution and By-Laws were adopted by this Society last year. The annual meeting this year was held in May, when an address was delivered by L. A. Dugas, M. D., and reports made on Charlatanry, Medical Education, and the Axillary Thermometer. The code of ethics of the Am. Med. Assoc. is also published in the transactions which have been distributed to the physicians throughout the State.

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*Our Home Physician: (Advance Sheets.)* By GEO. M. BEARD, A.M., M.D., Lecturer on Nervous Diseases in the University of New York, etc.

We most heartily sympathize with the effort to popularize science to a reasonable extent. We are confident that truth will vindicate itself among the people, in medicine just as surely as in astronomy; and those who are skilled themselves are to be the teachers of those who are not. The author of this work is a learned gentleman, and is assisted by some of the most eminent men of the profession, viz: Profs. D. B. St. John Roosa, Benj. Howard and others. As to the sound excellence of the work, we wish to call the attention of our readers to one of its articles, which we have re-printed in our present number.

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*Good Health: A Journal of Physical and Mental culture.* Published monthly by ALEX. MOORE, 21 Franklin Street, Boston.

This periodical, the first number of which was issued in June, is a hygienic journal, in which subjects of health, recreation, intelligence and education are together treated of, so as to give the work popular interest. The effort to make the magazine instructive and entertaining has been successful. We are particularly interested in the articles on "The Eye and Sight," which are being contributed by B. Joy Jeffries, Ophthalmic Surgeon to Mass. Charitable Eye and Ear Infirmary. They present the latest established views on the subject, expressed very clearly, and made perfectly intelligible by means of correct diagrams. In an article of the present month, by the same writer, in the Boston Med. and Surg. Journal, he reviews the inaccuracies and inexcusable reticence of the text-books on Optics, which are used in our best colleges, and which profess to represent the present state of the science.

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*Joined Twins—their Obstetrical and Surgical Management.* By A. B. COOK, A. M., M. D.

The case which suggested this monograph presents the following peculiarities, as summed up by the author: "1.—The junction of the zyphoid cartilages; 2.—Two linea albas; 3.—One common diaphragm; 4.—One common peritoneum, a lining, common cavity, and two sets of viscera with one exception; 5.—One common umbilical vein; 6.—One liver, with a double circulation; 7.—The curve of the inferior cava of the right foetus to the left side of the vertebral column; 8.—The radical change in the relations of the vena cava, hepatic veins and venous ducts to the posterior border of the liver; 9.—The duplication of all the organs except the liver."

*A Practical Manual of the Treatment of Club-Foot.* By LEWIS A. SAYRE, M. D. D. Appleton & Co., New York, 1869.

The author treats the subject in a systematic manner, describing in the first place the normal foot, complimenting it as being "one of the most beautiful examples of a complicated instrument, combining strength with mobility, that can be found in any part of the frame." He proceeds to discuss the causes of talipes, after having told what it is, and described its varieties. He says that the congenital forms are "all due to some interference, general or local, with the normal innervation of the part. So much has been generally accepted, but the real nature of this nervous disturbance has been for the most part misunderstood." The prevailing treatment by tenotomy he regards as based upon the theory of "spastic muscular contraction," and hence the therapeutical conclusion that tenotomy is a *sine qua non* of treatment. We have been greatly interested in the discussion of the causes of club-foot, partly because we have some theories and some facts of our own concerning it. Congenital club-foot is due, according to our author, to some interference with the normal innervation, but the cause of this innervation has been misunderstood. It has been supposed to be from spastic muscular contraction, but "the pathological change is precisely contrary to that which has been believed to exist. The muscles, supposed to be in a state of spasm, are really contracting with their normal degree of force, which produces an excessive effect, simply because paralysis of the opposing muscles has destroyed the natural harmony of action which exists between the tractile forces which govern the motions of the foot."

This theorising upon the causes of club-foot is as good as any—better than that by most authors. There is another plan of reasoning upon the subject, which appears to us as much more satisfactory; and when we write a monograph upon club-foot, and give our mode of dressing, we shall try to explain the whole philosophy of the thing. It appears remarkable that observers should wander off into the intangible, incomprehensible theories of enervation to explain the causes of club-foot, and other congenital deformities, when they can be demonstrated to arise from pressure during intra uterine life. We have several specimens which show this beyond all doubt. If pressure is such as to distort the form and prevent the motions and growth of the fetus in utero, of course there is "some interference, general or local, with the normal innervation of the part." The authors modes of dressing are unexceptionable, and his results, as shown in the illustrative plates, are most satisfactory. We are most gratified to observe the stress laid upon the immediate treatment of congenital deformity, and regret that space does not permit us to notice this book more in detail.

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*Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.*

Nine interesting cases, which are here reported, have as subjects—Abortion, Bromide of Potassium in the sickness of Pregnancy, Drainage Probe, Fracture of the Skull of long standing, Fracture of base of Cranium, Acupressure of Femoral Artery, Paralysis, Epidemics and Meteorology. Memoirs are given of Drs. T. E. Beechey, C. W. Pennock and Francis West.

*The Intermarriage of Relations.* BY NATHAN ALLEN, M. D.

This article, which first appeared in the *Psychological Quarterly*, has received considerable attention from very many sources throughout the country. Dr. Allen is a thoroughly intelligent and active man, as his place on the board of Trustees of Amherst College would signify. He has interested himself greatly in the hygienic condition of our nation, and has lately published an article showing the condition of physical training in the different colleges of our country, which reports quite in favor of a thorough system of gymnastic drill.

*The Probe.* By JOSEPH PARISH, M. D., Media, Pa.

This quarterly of thirty-two pages is issued from the "*Sanitarium*," an institution for persons who have become physically or mentally impaired through use of stimulants or narcotics, and which is under the charge of the editor, who devotes his journal to the discussion of the prevention and cure of such evils as are thus brought to his notice.

*Anniversary Oration delivered before the Medical Society of the District of Columbia by J. M. Toner, M. D., Sept. 26th, 1866.*

A historical review of the rise and growth of Medical science and its representatives in the District of Columbia, is here made celebrative of the forty-ninth anniversary of the society's birth. A period of two and a half centuries is embraced by the address, while a *resume* is given of the last century. The events given in chronological order are pleasantly narrated, and the statistical information quite abundant. A century ago there were but two physicians in Alexandria; its population in 1700 was 2749; that of Georgetown 1,200; while Washington, at the same time, was inhabited only by farmers and fishermen. At present the population of Washington is over a hundred thousand, and the number of physicians one hundred and fifty.

The following incident, which occurred in Washington during the prevalence of small pox in 1833, is narrated:—"President Jackson's coachman "Charles," a favorite servant, who had been with the General through all his Southern campaigns, was taken ill with the small pox. The case proved severe, and of a confluent form. The other servants about the *White House* were so much frightened, although immediately vaccinated, that it was impossible to get them to nurse him properly. When the General learned these facts, he did all he could to procure a competent nurse, but being unsuccessful he determined to assume these duties himself. He accordingly gave directions that he was not to be seen, and having changed his clothes he remained with "Charles" and gave him his medicine until he was considered out of danger. I am indebted for the above incident to the General's family physician, Dr. J. C. Hall.

Epidemics, Hospitals, Contributors to Medical Literature, Medical Societies and Colleges, are particularly mentioned.

The society is to be congratulated on being able to publish so complete and entertaining a history.

## Books and Pamphlets Received.

**A Text-Book of Practical Medicine**, with particular reference to Physiology and Pathological Anatomy, by Dr. Felix von Niemeyer, Prof. of Pathology and Therapeutic, Director of the Medical Clinic of the University of Tübingen, translated from the seventh German edition, by special permission of the author; by George H. Humphreys, M. D., one of the Physicians to the Bureau of Medical and Surgical Relief at Bellevue Hospital for the out-door poor, Fellow of the New York Academy of Medicine, etc., and Charles E. Hackley, M. D., one of the Physicians to the New York Hospital, one of the Surgeons to the New York Eye and Ear Infirmary; Fellow of the New York Academy of Medicine, etc.

Volume I and II New York, D. Appleton & Co., 1869. Received through, and for sale by Breed & Lent, Buffalo.

**Electricity in its Relations to Practical Medicine.** By Dr. Moritz Meyer, Royal Counselor of Health, etc. Translated from the third German edition, with notes and additions, by William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System, and Clinical Medicine, in Bellevue Hospital Medical College; Vice-President of the Academy of Medical Science, National Institute of Letters, Arts and Sciences; late Surgeon General United States Army, etc. New York, D. Appleton & Co., 1869. Received through and for sale by Breed & Lent, Buffalo.

**Third Annual Report of the Metropolitan Board of Health of the State of New York.** Albany, Charles Van Benthuysen & Son, 1868.

**Circular No. 2, War Department, Surgeon General's Office, Washington, January 2d, 1869.** Report on Excisions of the Head of the Femur for Gunshot Injury.

**The Membrana Tympani in Health and Disease.** Illustrated by Twenty-four Chromo-Lithographs. Clinical contribution to the Diagnosis and treatment of Diseases of the Ear, with supplement, by Dr. Adam Palitzky, of the University of Vienna, translated by A. Mathewson, M. D., and H. G. Newton, M. D., Assistant Surgeons of the Brooklyn Eye and Ear Hospitals. New York, Wm. Wood & Co. 1869. Received through and for sale by Breed & Lent, Buffalo.

**ANNOUNCEMENTS.**—Eleventh Annual Announcement of the Chicago Medical College Session of 1869-70.

St. Louis College of Physicians and Surgeons, Session 1869-70.

Annual Announcement and Catalogue of the Missouri Medical College, Session 1869-70.

Annual Announcement and Catalogue of the Detroit Medical College, March Session, 1870.

Fifth Annual Announcement of the St. Louis College of Pharmacy, Session 1869-70.

Annual Address Delivered by M. O. Baldwin, M. D., before the American Medical Association at New Orleans, May, 1869.

**On External Perineal Urethrotomy, or an Improved method of External Division of the Urethra in Perineo for the Relief of Obstinate Stricture**, with remarks on the preparatory and after-treatment, by J. W. Gouley, M. D., Professor of Clinical Surgery, and of Genito-Urinary Diseases, in the University of New York, Surgeon to Bellevue Hospital, etc. New York, D. Appleton & Co., 1869.

**Fœticide, or Criminal Abortion.** A lecture introductory to the course of Obstetrics and Diseases of Women and Children. University of Pennsylvania, Session 1839-40, by Hugh Hodge, M. D. New York, D. Appleton & Co., 1869.

**Transactions of the Indiana State Medical Society, Indianapolis, May 19th and 20th, 1869.**

**The System of Public Instruction, State and City of New York.**

**The Illustrated Annual of Phrenology and Physlognomy**, by S. R. Wells, Editor of the Phrenological Journal and Life Illustrated. New York, 1869.

**Catalogue of Books published by Hurd & Houghton.** New York. H. O. Houghton & Co., Cambridge, Mas.

BUFFALO

# Medical and Surgical Journal.

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VOL. IX.

SEPTEMBER, 1869.

No. 2.

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## Original Communications.

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ART. I.—*Two cases of Labor complicated by presence of Uterine Tumors, in one of which Cæsarian section was mooted.* BY  
C. C. F. GAY, M. D., BUFFALO, N. Y.

CASE 1ST.—I was summoned in haste to visit, in the country, a woman, 45 years of age, American, the mother of several children born of natural labor, whose previous health had been good. A considerable interval having elapsed between this and the former pregnancy, it was, until quickening, believed that the suppression of menstruation was owing to the approach of the climacteric period. I found, on inquiry, that this woman had been abandoned, by an irregular practitioner, after an unfinished severe labor, extending over a period of thirty-six hours.

On examination, ascertained that it was a case of face presentation, the pains had nearly or quite ceased, and the woman scarcely had pulsation at the wrist.

I immediately administered Tr. Opii 3ss, and ordered brandy and beef tea, and dispatched a messenger for an assistant; but there being no time for delay, I applied the forceps, but all the traction I was able to make would not move the child; and, after unsuccessful trial, I performed the operation of craniotomy, diminishing the cranial diameter, again applied the forceps and delivered the child

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with ease. The patient never rallied but died four hours thereafter, apparently from exhaustion.

Digital examination, made before I attempted to deliver, induced me to think that the cervix uteri had been ruptured. The os was not in its entire circumference; symmetrically dilated, upon the left aspect, the dilated os ran off to a point or acute angle; the opening was V shaped, circular upon the right, and running to an acute angle, as if the os and cervix were slit down by a laceration. I, therefore, desired and obtained post-mortem examination, which revealed the fact that the cervix was not ruptured, but that the peculiar form or dilated shape of the os was dependent upon the presence of a fibrous tumor the size of my fist, located upon the body of the uterus, thus preventing the symmetrical contraction of all the fibers of the uterus, and normal dilation of the os.

*Remarks.*—There were no need of fatal result in this case had timely aid been rendered. Labor had been protracted far beyond the capacity or the physical strength of the patient to endure. Chloroform had not been used, but when I dispatched a messenger for assistance I also sent for chloroform, but neither arrived in time. The actual time consumed in my manipulations was one hour. I had delayed a few moments for opium and stimulation to take effect upon the patient, hoping that she might be made to rally sufficiently, by the aid of these remedies, to ensure safe delivery, but she was too nearly moribund when I first saw her for me to think of awaiting the arrival of an assistant, or the procurement of the anæsthetic.

Had the presentation been normal, the efforts of nature would undoubtedly have been sufficient for the expulsion of the child, notwithstanding the presence of the tumor. The head of the child had become firmly impacted, and no amount of strength that I was able to expend could move it, hence craniotomy was elected as the only remaining measure to be adopted, or else allow the woman to die undelivered. The peculiar and irregular shape of the dilated os may be regarded in the gravid uterus as an unerring diagnostic sign of the presence of uterine tumor.

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CASE 2D.—Mrs. A., primipara, aged 32 years, American, a slim, delicately formed female, was found, on examination made after three months pregnancy, to have large uterine tumor. She was at-

tended by Dr. Hutchins, who has kindly permitted me to make report of this interesting and instructive case.

During the first three or four months of this her first pregnancy, she was seen and examined, at different times, by Drs. Lothrop and White, both of whom wisely advised the induction of premature labor, but the patient would not give her assent, though told that in the event of her going on to the completion of her full period of utero-gestation, the operation of Cæsarian section would become a necessity, this being the only mode of delivery that would seem to give promise of success, the peril of which would be much greater than that incident to the induction of premature labor.

This woman was taken in labor at full term, at 7 o'clock on the evening of July 23d, 1869, Dr. Hutchins in attendance. Labor pains increased in frequency and strength, and the case progressed in a manner not unlike any normal labor for several hours. On digital examination, Dr. H. reports that the os did not dilate in a circle but in a straight line running laterally, and that a foot presented. He seized the foot, and after several pains it was brought down and occupied position outside the vulva.

Drs. Pratt, Brown and myself were now, at 1½ A. M., sent for by Dr. H. to assist him in the delivery, and to determine in the outset the feasibility of the operation of Cæsarian section, and if found advisable to perform it at once. After the patient was anæsthetized I made examination by introducing my entire hand within the vagina, for a short distance, when it was arrested by the tumor, which felt hard and unyielding, and occupied the pelvic cavity, posteriorly; beyond this tumor there appeared only space for the child's thigh, which completely occupied and filled up the space, the foot resting beyond the vulva, as above stated; the other foot could be felt with the index and middle fingers, and during pains could be grasped but not brought down. By permission of Dr. Hutchins, I made traction at the recurrence of several labor pains, so strong that I felt, if little more strength was expended, that I should dislocate the child's leg, and yet without any perceptible progress made towards expulsion of the body of the child. It seemed advisable that every possible effort should be made to deliver the woman without resort to gastrotomy, hence, when I felt some fatigue from my efforts, I was relieved by Dr. Pratt, who



advised the use of and gave ergot, and suspended the use of chloroform. He succeeded, after an hour's effort, alternating with Dr. Hutchins, in delivering the body of the child, but the head remained firmly impacted despite all the efforts of these two gentlemen, after prolonged trial.

Again giving chloroform, I made trial and succeeded in reaching the mouth of the child, and with my two fingers thrust within the mouth found all efforts unavailing. The other gentlemen present all made unsuccessful trial in this way; by request of Dr. H., I then attempted to perform craniotomy, the patient again under influence of chloroform, but there was no point upon the cranium nor through the mouth that was penetrable to the perforator. I should, however, be more correct by stating that there was no point of the child's cranium that could be reached with the perforator other than in a line parallel to the cranium, therefore trial was made to perforate through the roof of the mouth, and on failure to reduce the cranial capacity, as was hoped, I immediately applied the long forceps, by the aid of which I was enabled, with the use of all the strength I could expend, aided by Dr. Brown, who also seized the forceps with one hand, and Dr. Pratt making traction upon the child, in delivering the woman at 5 o'clock, A. M., of a still-born, well-formed male child.

August 9th.—The woman has been doing well and has sat up once. She has laceration of the recto-vaginal septum, which she is to have relieved by operation.

*Remarks.*—This case is suggestive of two questions, the correct answering of which is of considerable medical importance.

The first question has reference to the relative value of the Cæsarian Section, and the mode of delivery adopted.

The second question has reference to the relative value of the life of the mother and child.

In regard to the former of these two questions, the result of the case would seem to have furnished satisfactory answer. We are certainly not authorized to perform Cæsarian Section when delivery of a dead child may be accomplished through the natural outlet of the maternal organs.

Dr. Robert Barnes says: "The most frequent condition that renders the Cæsarian Section necessary is *deformity with contraction of*

*the pelvis.*" "The next most frequent condition or cause is the presence of tumors of various kinds growing into the pelvis, such as bony or malignant tumors springing from the wall of the pelvis, tumors of the ovary descending into the pelvic cavity and getting fixed there."

A case is recorded in the *Medical Times and Gazette* for 1844, in which the operation became necessary from the pelvis being filled up with an enormous *hydatid cyst* springing from the liver.

Other exceptional cases, chiefly remarkable on account of their extreme variety, have been observed. Atresia of the cervix uteri and vagina may be so extensive and unyielding that the Cæsarian Section may be less hazardous than the attempt to open up a canal through the cicatricial tissues. "We are sometimes driven to the operation, says Dr. Barnes, after having exhausted other modes of proceeding—for example, when craniotomy may have failed to deliver."

Within the catalogue of the risks attending the operation, Dr. Robert Barnes enumerates the following: secondary shock and peritonitis, hemorrhage, and septicæmic puerperal fever.

Although Dr. Robert Barnes makes mention of "tumors of various kinds growing into the pelvis," he does not make mention directly, though this may be inferred<sup>a</sup> or implied in what he actually does state, of large fibrous or malignant growths located upon the body of the uterus, filling up the pelvic cavity, and leading to the necessity of the Cæsarian Section.

I conclude from the quotations made above that Dr. Barnes would consider the case of the woman who is the subject of this discussion, as one in whom the conditions were present such as would call for the Cæsarian Section.

As this woman was delivered there would seem to be no need of offering an opinion; but should I presume to venture upon the expression of an opinion, I should say this much, that with this woman undelivered, with the attendant difficulties to overcome, and uncertainty of overcoming these difficulties after protracted efforts, I should not hesitate to decide in favor of the Cæsarian Section. After the knowledge I now possess, *i. e.*, with the full knowledge that the woman is delivered with safety to herself, I must, in this case, not hesitate to say that there was certainly not much prefer-

ence in choice between the two methods of delivery. The danger to the woman under either method of proceeding may be regarded as very nearly equal, while the danger to the child in the two methods was very unequal. Caesarian Section might probably have saved both mother and child, the other method of delivery was sure to destroy the child.

The next question to be discussed briefly is that of the relative value of mother and child. Were it possible to concede greater value to the life of the offspring than to that of the mother, then the first question, viz., the relative value of the two methods of delivery would be answered. If the duties to be performed by the accoucheur were directed to the saving the life of the child, as duties paramount to the safety of the mother, gastrotomy would take precedence without question or equivocation; but I am not willing to assert that there can arise any contingency to the family or state which would justify the sacrifice of the mother's life in order to save that of the child. The edict has gone forth into all the dark and benighted, as well as illuminated, places of the earth, to save the mother even though you destroy the child. I am not, therefore, to make any attempt to gainsay the propriety of this edict, which has come down to us with the sanction of the highest authority, and which has long been accepted by the profession as the infallible rule.

I do not desire to call this infallible rule in question, or to seek exceptions to it, although, if it would not be an unwarrantable innovation, I would barely suggest that since there are exceptions to all general rules in almost every thing in the universal realm of nature, that, therefore, in the case under discussion, there is furnished, in estimating the valuation of human life, an exception to the long established rule.

The case before us is one wherein, after severest struggles, attended by many doubts and uncertainties as to successful result, on the part of the medical attendants, the patient was delivered of a dead child.

The mother survives with a recto-vaginal laceration, and with two tumors—one anteriorly, which can be felt distinctly through the abdominal walls, on palpation—and another, much larger in size, occupying the uterus posteriorly, both of which appear to be fibrous in their texture.

The laceration can be remedied by an operation, but the tumors cannot be removed, but must remain, if not to destroy the woman's life or health, to serve as a sad warning against ever again becoming subjected to conception and the perils of child bearing. Under physical disabilities such as these, human life becomes shorn of much of its value, prospects of longevity cannot be accounted as good, neither can any degree of comfortable health be assured.

Compare this woman's prospects of longevity, her usefulness and ability to comply with the Divine injunction, with those of a healthy, well-formed male child, arrived at maturity, and the relative valuation of the life of the former may be made to dwindle into insignificance, and almost nothingness, in comparison with that of the latter. But considerations such as these, whether weighty or not, will probably never be seriously thought of or acted upon, and for humane reasons never should be seriously thought of or acted upon by the physician in his repeated trials and struggles for the preservation of human life, and are only called up and discussed here in this connection on account of their supposed medico-legal bearing in some prospective case that may arise.

History, I believe, records but one instance of a human monster who desired death of the mother so that the life of the child could be preserved.

On the 12th of October, 1537, Jane Seymour, wife of King Henry the Eighth, was delivered of a son, after a labor so dangerous that the physicians, apprehensive that to save both lives would be impossible, left it to the option of the King, who ordered the wife and mother to be sacrificed, if need be, in order to save the child.

This same question was also put, as is the custom in royal accouchments, by the medical attendants of the Princess Charlotte; and the question was, in this instance, answered on the christian view of the subject, but in vain. A protracted labor resulted in the death of the Princess and her child. The result weighed so heavily upon the mind and spirits of Sir Richard Croft, the attendant in chief, that he committed suicide.

Napoleon possessed the great virtue—although desiring offspring above all things else, sacrificing Josephine with hope of having his desire gratified—of deciding this important question upon humane principles.

That Royal attendants should, by the seductions of place and patronage, become so mercenary as ever to consent to submit to any one, however exalted in station, the question of which life to preserve, is, in my view, so utterly revolting, that I should expect any medical attendant, who was possessed of ordinary sensibility, whether successful or not in saving one or both lives, to go immediately and do as Sir Richard Croft did—commit suicide.

These remarks upon this interesting case of midwifery would be incomplete did I not, in this place, make allusion to the presentation.

Had the vertex presented, craniotomy might, or might not, have been easily performed. It might have been impracticable on account of the want of room, which was occupied by the tumor, which served to reduce the conjugate diameter to its minimum. Another cause which would have made craniotomy, in vertex presentation, impracticable, would have been found on trial, in the fact of the abnormal dilatability of the os, and the absence of any progress whatever of the child's head through it. It may, therefore, have been a fortunate circumstance that the breech presented.

I must not close these comments without giving credit to whom credit is due. To the persevering efforts of Drs. Pratt and Hutchins this woman is indebted for her safe delivery. The latter gentleman, however, thought Cæsarian section the only practicable method of delivery, and in this opinion I fully concurred. I arrived at this conclusion in this wise. Having made traction upon the child's leg, during several labor pains, almost sufficiently strong to tear the limb from the body without perceiving any advance made by my efforts, I at once concluded, that should the body in this way be delivered, a consumation of which I had no doubt, that the head would remain undelivered. These fears of mine came very near being realized. I have, heretofore, performed craniotomy with the greatest facility, but am confident, after trial, that this was a case that would not allow of the time necessary to be consumed to perform it, admitting that it could have been made at all.

On yesterday, September 2d, I assisted Dr. Hutchins in the operation for incomplete laceration of the perineum of Mrs. A., and have no doubt the operation will prove successful.

ART. II.—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, SEPT. 1869.

The meeting was called to order by the President.

In response to the call for voluntary communications, DR. JOHN-SON related the following case :

A young lady, whose monthly courses had been delayed a few days, mentioned the fact in the presence of a female quack, who advised her to procure ten cents worth each of the dried leaves of foxglove and tanzy, steep them together in about a quart of water, and drink the whole decoction in the evening before going to bed. The patient did as directed, and procured an ounce package of each of the above articles, steeped them in less than a quart of water, and drank half a pint of the decoction at a single draught. She soon began to feel sickness at the stomach, complained of headache and faintness. A gentleman of the family, who had considerable knowledge of medicine, on learning the facts of the case, gave her largely of warm mustard water, which produced quite copious emesis about four hours after the drug had been taken. I saw the patient about this time and found her vomiting almost constantly, complaining of great distress at the stomach, and nausea pain in the head, and confusion of ideas, scarcely knowing what was going on around her. Pulse about fifty and very irregular. The gentleman mentioned above told me, at this time, that the pulse was less than forty per minute an hour before I saw her, prostration very great. As nothing would be retained in the stomach for more than two or three minutes, morphine, by hypodermic injection seemed to me to be the most proper treatment, and I first injected half a grain, and an hour and a half later a fourth of a grain. This brought on quietude and considerable sleep during the night and a cessation of the vomiting. The next morning, however, the vomiting returned. The pulse was, at this time, a hundred and twenty and irregular—ordered iced champagne, a tablespoonful every half hour. This allayed the quite intense thirst and seemed to control the vomiting. The next day the pulse was much stronger, more regular, and the patient much improved, and now, on the fifth day, is probably out of danger and has had a very narrow escape from death. She must

have taken fully two drachms of the dried and well cured leaves of digitalis. Her courses came on twenty-four hours after taking the medicine.

DR. E. R. BARNES said that a case had recently come under his observation where the cumulative effect of digitalis was developed from taking nine doses of infusion of the leaves at intervals of two hours. The infusion contained two scruples of the leaves in a pint of water. The dose taken was a desert-spoonful. After the seventh dose copious diuresis was produced. After the ninth dose the patient was suddenly overcome by a sense of extreme prostration with coolness of the extremities and profuse cold perspiration. The pulse was irregular and weak, though at first perhaps increased in volume. It was reduced to forty beats per minute. Stimulants were used, and, after some hours, improvement was apparent in the general condition, but the pulse remained at forty, with much physical and mental depression, for eight days.

DR. MINER presented a specimen of exfoliation of the femur, after amputation of the thigh, at the junction of the lower with the middle third. The end of the bone, where cut by the saw, extending upwards about half an inch and then gradually thinning towards the medullary canal, coming to a point about five inches above the amputation, had exfoliated and been extracted entire from the stump. After this dead bone was removed the wound healed rapidly, and in a few weeks the stump was in all respects perfect. New bone had been deposited, the end had rounded off smoothly, and the result of amputation satisfactory. The specimen was presented, not so much on account of rarity, for such accidents are common, but on account of its size, and as showing very beautifully one of the accidents liable to follow amputation. It is not a very serious accident, but delays recovery and exposes to greater danger of purulent absorption. The one question concerning it of greatest interest is, what are the causes of such death of bone after amputation? You will observe that the whole bone, in this instance, loses its vitality back from the point of division, full half an inch, and that from this point it extends towards the medullary canal. Without proposing any very extensive discussion of the causes of this death of bone, it may be well to remark, that it appears as though the periosteum had been separated from the bone and that death resulted to the

extent of this separation.<sup>11</sup> Bone thus robbed of its periosteal covering does not always die, but it certainly lessens its vascular supply and appears to have an important influence in causing its death. Disturbance of the medullary canal may also diminish vascular supply and contribute to the same end. The appearance of the exfoliation, its shape and extent, are all suggestive of a practical point of some value.

It may be, and probably is true, that surgeons take too little care in dividing the periosteum and bone. The procedure is conducted with too much haste. The membrane surrounding the bone is often divided with the saw and thus torn, and often separated from the bone to some extent above the point of division. This is not always followed by necrosis of bone; but this, joined to a depressed and very low condition of the system is often followed by necrosis. All the specimens thus far obtained, of much magnitude, were obtained from patients who, for weeks after operation, suffered from dangerous and protracted depression of the vital forces. The patient from whom this specimen was obtained presented this condition in a marked degree.

Another specimen, very singular in appearance and of equal length, was exhibited, which had been recently obtained from a patient upon whom, three years before, he had made exsection of the elbow joint for injury. The patient was unwilling to suffer amputation, choosing rather to accept the vastly greater risks of exsection. The injury to soft parts and bone was fearful, but the radial pulse could be discovered, and he reluctantly consented to make exsection, with little expectation, however, of saving the forearm. The patient passed from his care to the Sisters' Hospital, and was carefully watched by the attending surgeons. The patient regained considerable use of the arm, and, after protracted suppuration and exhaustion, also gradually regained nearly his former health and vigor. In about three years he again came under care for relief, now willing to suffer amputation, if thought necessary, in order to obtain freedom from pain and suppuration. Upon examination this dead bone was found within an extensive deposit of new bone. By cutting out with trephine a part of this new deposit, the dead bone was removed entire. Pain and suppuration soon ceased, the wound healed very kindly, and the result is satisfactory. The arm



is now a remarkable relict of conservative surgery, possessing motion and strength in very useful degrees.

An informal discussion then followed, in which the members present participated, upon the various questions involved, such as the causes, frequency, effects and modes of preventing such accidents after amputations or other operations upon bone.

On report of prevailing diseases, DR. BARNES stated that the cases of cholera-morbus he had seen the present season were of a severe type, being attended by cramps in the extremities, and followed by marked prostration. Had seen one patient die in the congestive or typhoid state. He asked whether any of the members had observed that this congestive stage followed one method of treatment rather than another, either in cholera-morbus or cholera.

None of the members present expressed themselves as having discovered any difference in this respect.

DR. JOHNSON remarked that he had seen several cases of cholera-morbus of unusual severity, some of which were little short of epidemic cholera.

DR. TAYLOR said that he saw in the Island hospital three hundred cases of cholera among six hundred occupants in the workhouse. Two hundred of them died—many of them did not have true cholera. Death occurred in most of the cases in the congestive stage. The results of treatment by hypodermic injection were more unfavorable than by other modes of treatment.

DR. E. R. BARNES was elected to read an essay at the next meeting.

Adjourned.

T. M. JOHNSON, *Sec'y.*

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## Miscellaneous.

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### On the Use of Starchy Food for Infants.

At a meeting of the Obstetrical Society of London, July 7th, (*Medical Times and Gazette*,) a paper was read by Dr. Selby Norton, on Teething.

In this paper the author advocated the opinion that the maladies usually attributed to teething are due to the wide-spread and unphysiological practice of feeding infants on starch foods. He showed that starch was non-digestible by the infant stomach, partly because no minute division of the starch granules could be effected in the infant's mouth, and partly because, from the mode of feeding,

the greater part, at all events, of the starch is passed at once into the infant's stomach without being rendered soluble by the ptyalin of the saliva. The diseases usually ascribed to teething—diarrhoea, convulsions and bronchitis—in the author's experience never occurred in a naturally fed child; and, on the other hand, they occurred sometimes in the first month, where the teeth obviously could exercise no baneful influence, and they occurred, too, when the gums were quite cool and natural. After considering these diseases at some length, and showing how often they could be directly traced to the irritation of bowel produced by starch food, he concluded by condemning altogether farinaceous food for infants, and advocating the sole use of cow's milk diluted with water.

Dr. T. Ballard said he was pleased to see some one come forward to support the "heretical" doctrine that teething was not a cause of infants' disease—a doctrine he had advocated many years ago. While so far, however, agreeing with the paper just read, he could not coincide in his view that starch was such a patent cause of disorder. He did not think starch, *per se*, was harmful, though of course it was not a substance on which an infant could be reared. With respect to the general subject of infant mortality, he thought that practical good would result from the inquiry if the Society could agree upon some formula of dietary for general recommendation of a simple and intelligible character. He would also lay much stress not only upon the importance of sufficient food, but on the importance of not allowing the bowels to act more than twice in the twenty-four hours. This could be effected by attention to the mode of giving the food; by not allowing an infant to suck without obtaining the food it craves, or to suck too hard to obtain it. In either case the bowels became disturbed and diarrhoea was the result. Should this occur while the child is at the breast, the too frequent motions indicate the necessity of some supplementary feeding; or, if the infant be fed entirely from the bottle, there is probably some defect in its construction or action. Where maternal milk, in sufficient quantity, could be obtained, of course no other food was requisite. Next to this came the milk of some other animal, and, where circumstances required it, to this might be added some preparation of wheaten flour.

Dr. Phillips considered it injudicious to give any farinaceous food to an infant under six months old. The practice was as physiologically incorrect as it was practically found to be hurtful. The paper read had not convinced him that no evils were ever caused by teething; but he quite believed that the evil effects ascribed to teething were often caused or increased by improper feeding. At the Children's Hospital, instructions "How to bring up Babies," had been distributed with the best effect.

Dr. Brunton said that he also objected *in toto* to giving a child farinaceous food up to six or eight months. Up to that age, where suckling could not be carried out, he gave cow's milk and water, sweetened, increasing the proportion of milk as the child grew older.

Dr. Routh said that on no point was there more evidence than against the use of starch for infants before they had teeth. For—1. The assimilation of starch depended on its conversion into sugar by the saliva, but infants secreted no saliva for the first two or three months; 2. In infants dying after the use of starchy food, examination showed that it passed through the alimentary canal unchanged; 3. The alimentary canal of a baby was that of a carnivorous animal; 4. The food supplied to purely herbivorous animals recently born was animal. *Ergo*, starchy food should not be given to infants until, at all events, the appearance of teeth. He could not agree with the recommendation of cow's milk diluted with water, as a good food for infants. The milk, before it was purchased, was generally watered, deficient in cream, acid, and wanting in sugar of milk. If used at all, it must be mixed with lime-water, and sugar of milk added in proportion of half to one ounce of lime-water, and a spoonful of sugar of milk to every half-pint of milk, with one-third water. It should be begun early, even from birth, in all cases where it was clear beforehand that the mother could not nurse long. The idea that it was wrong to mix two milks was fallacious, and his experience had proved to him that the earlier it was begun the more readily the child's stomach bore it, and in nine cases out of ten a child so prepared could be weaned readily and with safety. To one other point only would he refer—the congregation of infants in nurseries. This was a most dangerous practice. The atmosphere generated under these conditions was most baneful, probably from the quantity of ammonia generated from the urine, as well as sulphuretted hydrogen and other noxious gases from the stools. Children required air, and pure air especially. Their respiration was more rapid than adults. Such congregation of infants, was always, therefore, a great cause of infant mortality. Malignant thrush, *muguet*, and contagious diseases spread like fire in such atmosphere.—*Phila. Reporter*.

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### Biostatic Immunities of the Jewish Race in Europe.

Mr. Legoyt terminates with the following conclusions, an elaborate paper, on the above subject, recently read before the Paris Statistical Society:

"The facts which are here collected, and which are nearly all derived from official sources, are almost unanimous in demonstrating that the Jewish race is distinguished from the other European races, in a biostatic point of view, by the following phenomena: 1. Its general fecundity is less. 2. So is it, at least as a general rule, with regard to its legitimate fecundity. 3. It is especially so with regard to its natural or illegitimate fecundity. 4. In an equal number of births there are fewer children born dead, which indicates that the Jewish woman passes through her period of gestation more favorably than the Christian woman. 5. But the most remarkable privilege of the Jews is, without contradiction, their relative low

mortality, and that even when they are members of the lowest classes of society. This lesser mortality is not (and we cannot too much insist on this point) the natural consequence of a lesser fecundity, as, with an equal number of births, they count fewer deaths, and that by calculating on Halley's method—that is, in supposing the births equal to the death (taking place at the same ages)—it is found that they have a mean and probable life which is longer than that of the autochthonic races. It would not be correct to say that this difference in mortality is due to a large relative preponderance of adults, since in Prussia, which is the only country in which this portion of the population has been enumerated by age, there is found to be a greater number of children in it than in the Catholic and Evangelical population. 6. We have, moreover, seen that, as a consequence of this characteristic physical aptitude, the Jewish race becomes acclimatized everywhere, and propagates itself under every latitude. 7. Finally, we have shown that the Jews are possessed of a special aptitude enabling them to struggle against infected media, and protecting them against contagious diseases."

After discussing the various explanations of these immunities offered by different observers, M. Legoyt states that he believes the greater longevity of this race may be explained by the following considerations: 1. The Jews marry earlier than the Christians, and thus derive at an earlier age the advantages which statistics show are incident to the married state. Still, from their well-known prudence and circumspection, it is not to be supposed that they enter upon this until prepared to meet its exigencies. Among them hasty and rash marriages, which are alike hurtful to the health of parents and children, are rare. 2. The fecundity being less, they can pay much more attention to the preservation of their children. 3. By reason of the small number of illegitimate children they have, they escape the exceptional mortality which sweeps away such children. 4. The Jew does not pursue any calling which demands very hard labor. He is neither an agriculturist, a laborer, mechanic, sailor, nor miner. Before all things, he is the shopkeeper, merchant, banker, artist, *savant*, man of letters or public functionary. 5. The Mosaic law contains ordinances which, being purely hygienic, must exercise a favorable influence on the health—*e. g.*, the verification of the condition of slaughtered animals, the frequency of ablution, the practice of circumcision, and the separation of the husband until a week after menstruation, etc. 6. The strength of the family feeling among the Jews. It is only when it absolutely is impossible, and without distinction of rank, that a Jewish woman does not suckle her child. The children, too, are the objects of incessant and most vigilant care, which indeed is returned by the respect and solicitude which these manifest for their parents, especially when aged or infirm. This is probably one cause of the rarity of suicide among the Jews. 7. The sobriety of the Jews is incontestable. 8. Throughout the entire Jewish community a warm feeling of charity for the indigent and miserable prevails. 9. The religious Jew is

remarkable for his great serenity of mind, and his deep-seated faith in Providence and the high destinies of his race. The constancy, the *perennité* of the Jewish temperament, is well reflected in his religious faith, which has remained immovable for so many ages. 10. The morality of the Jews, as deduced from criminal statistics, seems to be real, and is only an indication of those regular habits of life which exercise so great an influence on the duration of life.—*Medical Times and Gazette*, July 10, 1869.

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### The Treatment of Pneumonia.

Dr. J. Hughes Bennett has an article in the *Practitioner* reviewing the restorative treatment of pneumonia, and contrasting the results with those obtained by other methods of treatment, particularly that recommended by Dr. Richardson. Regarding the management of acute pneumonia Dr. Bennett considers the following axioms fully established :

1. The great end of medical practice is to remove the consolidation of the lungs, and restore those organs to their natural condition as rapidly as possible.

2. To this end everything that diminishes vital strength should be avoided, and nutrients administered as early as possible, to favor the cell transformation necessary for removing the exudation from the lungs.

3. There is no relation between the violence of the symptoms or force of the pulse, and the fatality of the disease. Young and vigorous subjects suffer most, but almost recover soonest.

4. The weak pulse, want of reaction, non-disappearance of the pneumonic consolidation, or its appearance during the progress of exhaustive diseases, are the unfavorable signs of pneumonia.

5. Continued exercise or work after the attack ; low diet ; large blood-lettings ; depressants, such as tartar-emetic and sedatives ; expectorants, such as squills and ipecacuanha ; mercury and violent purgatives, are opposed to the restorative treatment of the disease, and when not fatal, tend to prolong its duration.

6. Small blood-lettings of from six to eight ounces may be used in extreme cases, more especially of double pneumonia or of bronchopneumonia, as a palliative to relieve tension of the blood-vessels and congestion of the right heart and lungs.

7. Local pain is best relieved by large warm poultices.

8. The true disease, that is, the exudation which has infiltrated itself through the pulmonary tissues and been coagulated, constituting hepatization, can only be removed, first, by its transformation into pus cells ; second, by the molecular degeneration and liquefaction of these ; third, by absorption into the blood ; and fourth, by excretion of the exuded matter in a chemically altered form through the evacuations.

9. These processes are favored by supporting the vital powers :

first, by rest in bed immediately after the attack; second, by beef-tea and milk during the febrile period, with a moderate amount of wine, if the pulse be feeble; third, by beef-steaks and solid food as soon as they can be taken, with more wine or a little spirits, if the pulse falter; fourth, by mild diuretics on the seventh or eighth day, to favor excretion by the kidneys.

10. The same pathology and principles of treatment apply to all cases of simple pneumonia, whether single or double, the latter being only modified by the weakness of the patient, when more restoratives and stimulants are required,

11. In complicated cases other treatment may be required according to the circumstances of the case; the pneumonia, however, being always influenced in the manner previously detailed.

The mortality in 153 cases treated on this plan was one death in 30½ cases. This statement includes 35 double and 24 complicated cases. Among the simple cases, single or double, the mortality was *nil*.—*Medical Record*.

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### Modus Operandi of Anæsthetics.

In a letter to Dr. J. H. McQuillen, of the *Dental Cosmos*, Dr. A. E. Sansom, Physician to Kings Coll. Hospital of London, gives the following statement deduced from his researches on this subject:

A. We have no evidence that in anæsthesia there is any direct union between the anæsthetic and nerve matter. Evidence tends rather to the contrary conclusion.

B. We have no evidence that in anæsthesia there is (as some have held) any impaired *oxidation of nerve matter*. We have no evidence whatever that the normal functions of nerve are due to any oxidation of its substance, much less that the absence of these functions are due to the impairment of oxidation.

C. We have positive data to this effect: that the suspension of supply of arterial blood can impair nerve function, and that impairment of the quality of the blood (suspension of oxidation) will impair nerve function.

D. We find that anæsthetics cause contraction of the channels of arterial blood-supply. Conversely (as in narcotism from cold,) where there is adequate contraction of arterial vessels, there is narcotism.

E. We find that anæsthetics added to the blood impair its powers of aeration (see Harley's Experiments.) How do they effect this impairment? The only positive data on which we can base any answer are—(1) the fact that anæsthetics do, when added to the blood, impair its form and integrity; we can argue, a fortiori, from the observed effects of the more concentrated influences to the possible effects of the feebler ones; (2,) or, that these agents have a chemical action on the proteinous matter of the blood corpuscle.

I contend that in C and E we have a sufficient explanation of the phenomena of narcosis.

VOL. 9, NO. 2—3.

## Determination of the Size of the Roots of Teeth previous to Extraction.

Before the educated dentist attempts the extraction of a tooth, he examines the form of the crown, which enables him to determine with certainty the direction of the roots. For young practitioners and students, some indications will be of importance, therefore I give here, those communicated by Dr. B. Whener :

I.—If the crown is large and short we may expect that the roots are long, while with a long and narrow crown, the roots are small and slender.

II.—If the neck of the posterior tooth is much thinner than its crown, the roots will diverge.

III.—If the neck of a posterior tooth is as large as its crown, we may conclude that the roots run down parallel with the sides of the crown.

IV.—In case the neck of a posterior tooth should be larger than the grinding surfaces, the roots will be found converging.

V.—When we observe one of the sides of the crown inclining to the middle of the tooth, so we will find the corresponding root bent in the same direction, while the other roots are found parallel with the perpendicular line of the tooth.

In the wisdom teeth the abnormal direction of the roots is the most common.—*Am. Jour. Dental Science.*—*Canada Jour. Dental Science.*

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## The Treatment of Malignant Tumors by Electrolysis.

BY W. NEFTEL, M. D., NEW YORK.

Although I am preparing for publication my researches on the continuous galvanic current, where remarkable illustrations of the electrolytic treatment will be given in extenso, I consider it my duty to give at once a preliminary account of the following case, which may contribute to save the lives of many sufferers deemed incurable.

Hon. Th. T. D——, a highly accomplished gentleman, 58 years old, consulted last year several celebrated surgeons in London and Paris, (amongst others, Nelaton,) with regard to a tumor in the left mammary region. They all advised him not to undergo any surgical operation, as they considered the tumor a malignant one, the removal of which would only hasten the fatal termination of the undoubtedly constitutional disease. The patient, nevertheless, insisted upon the extirpation of the tumor, and our great surgeon, Dr. Marion Sims, quite successfully performed the operation in Paris. Soon after the cicatrization of the wound, however, the axillary glands of the same (left) side began to enlarge, and in January last presented a tumor of the size of an egg, consisting of a conglomeration of enlarged and indurated glands. Dr. Sims again extirpated this second tumor, the microscopical appearance of which was

that of a real cancer (carcinoma of the axillary glands.) The specimen was presented to the New York Pathological Society and examined by distinguished histologists.\* The wound this time healed very slowly, as it was accompanied by dangerous complications, an extensive erysipelas, high fever (107.8° Fahr.), rigors and delirium. Scarcely had the wound healed, when a new scirrhus tumor began to grow in the right mammary region, and very soon attained the size of an orange, or more. It now became evident that another surgical operation would be useless, for it could only call forth, as before, an immediate relapse, and perhaps in a more dangerous locality. As nothing remained to save the patient, who was perfectly aware of his condition, and whose constitution was broken down, I proposed the electrolytic treatment, expecting, as the best result, merely the local destruction and absorption of the tumor; for, in the present state of our knowledge, I could not have entertained any hope of producing by electrolysis the least favorable change in the constitutional disease.

On the 27th of April, and the 4th and 7th of May, in the presence of Drs. Metcalf, Nott, and B. Howard, I performed the electrolysis by means of the large apparatus of Kruger and Hirschman, with elements of Siemens, subdividing, at the second and third operation, the cathode into three and four branches, connected with the needles by serres-fines. The latest improvements of the apparatus afforded the possibility of gradually increasing the quantity of the current, without interrupting the circuit, and of diminishing it in the same way, so that the circuit was broken only by the extraction of the last needle. Not a drop of blood escaped. The first operation lasted two minutes, using ten elements; the second five minutes, with twenty elements; and the third ten minutes, with thirty elements. After the operation the tumor increased considerably in size, but became softer and more elastic. No febrile or other local or constitutional symptoms followed. On the contrary, the patient who before was weak, anæmic and cachetic, began to gain strength and flesh; the tumor at the same time diminishing slowly but constantly. A month after the first sitting the tumor was found a great deal softer and smaller; at the end of the second month it had almost disappeared, and a fortnight later no trace of it remained. The general condition of the patient is now in all respects excellent, and new deposits can nowhere be detected. In his last letter he writes to me as follows: "I am not able to discover any new deposits anywhere, nor would the tumor in the right breast be detected by any ordinary observer. I hope the old devil who took lodgings there and was ejected, took all his baggage with him."†

The above related case presents the following points of interest:

1. The patient has been examined by a number of celebrated physicians in Europe and America, who have all considered him affect-

\*Medical Record, March 1, 1869, No. 73, p. 17

†The patient has since returned to the city, and been seen by some of the physicians above named.



ed by a constitutional cancerous disease; and the extirpated tumors, being real cancers, have proved the correctness of the diagnosis.

2. The described case brings me to the conclusion that the electrolysis must be considered not only as a local agent, as thinks Althaus,\* but as one capable of modifying, and even curing, the constitutional diathesis. I explain it in the following way: It has already been established, by experimental researches, that the electric current affects powerfully all protoplasmatic structures.† Hence it is possible and probable that the cells (which have to be considered as bearers of the contagion and the cause of the generalization of the disease) get their protoplasm altered in such a way by electrolysis, as to lose its specific infectious properties, and make it incompatible with the existence and propogation of the cancerous new formation.

3. Finally, this is the first authentic case of cure of a real cancer in a subject affected with constitutional diathesis. I think that if Althaus, to whom we are indebted for the improved electrolytic method, did not succeed in curing a single case of malignant tumor,‡ it is owing only to the imperfection of the apparatus with which he works. I have had one like it imported from London, and have ascertained, by the feeble deflexion of the needle of my galvanometer, and by the weak muscular reaction it produces, that Althaus' apparatus generates a very small current-quantity. This explains also why he is obliged to have recourse to so numerous and prolonged sittings (half an hour,) whilst, with the excellent apparatus I am in the habit of using, incomparably better results can be obtained in a much shorter period.

With regard to non-malignant tumors, I will give in my next paper an account of what I have attained by electrolytic treatment. Especially the soft tumors, navi, etc., yield very rapidly to it. A large goitre of eighteen years' standing has completely disappeared in the course of two months. So far as I can judge from my experiments on animals (rabbits,) the electrolytic treatment of varicose veins and aneurisms promises to be highly successful. Examining microscopically the thrombi, I could repeatedly convince myself, in opposition to the assertions of Tschaussoff,§ that the organization of a thrombus really does take place, a fact which had been already experimentally demonstrated by the classical researches of Virchow,\* as far back as 1846. Again, it is not difficult to follow up the gradual transformation of the colorless blood-corpuscles into connective tissue-corpuscles, which was likewise accepted by Virchow.

But the most surprising effect can be produced, by the electro-

\* On the Electrolytic Treatment of Tumors. London. 1867, p. 10.

† Vide Kuhne: Lehrbuch der physiologischen Chemie, p. 333.—Golubew: Wirkung electrischer Schläge auf die farblosen Formbestandtheile des Blutes. Cent. f. med. Wiss. 1869. No. 5.

‡ Medical Times and Gazette. 1868, p. 409.

§ Archive für klin. Chirurgie. xl. 184.

\* Gesammelte Abhandl., p. 323.

lytic treatment, on organic strictures of the urethra. The only case I have had is a gentleman who is yet under my observation. He has been suffering for about ten years from organic strictures impermeable even for the thinnest bougies. He told me that, though he had been under the care of many distinguished surgeons, no one could ever succeed in introducing a catheter into his bladder. On the 20th July I introduced a French catheter, No. 3, up to the principal stricture, situated in the prostatic part of the urethra, the prostate itself being enormously enlarged, and by a very simple contrivance, directed the electrolytic action of the negative pole upon the stricture during two minutes. Immediately, to my great astonishment, the catheter passed within the bladder, and an immense quantity of turbid and decomposed urine was discharged. Since this the patient has been able to pass urine easier than he has ever done before. On the 24th July I repeated the operation with the same result, but using catheter No. 6 of the French scale; and I can now introduce Nos. 8 and 10 without resorting to electrolysis. So far as I can ascertain, the prostate itself does not seem to be enlarged any longer.

In spermatorrhœa this mode of treatment cannot be surpassed. I have had several cases of inveterate spermatorrhœa, which all yielded to a single or to repeated electrolytic treatment of the prostatic part of the urethra. I am sure that those who have once tried this method, will find it far superior to all the others, which are comparatively tedious and uncertain.

The first discoverer of the electrolytic treatment was Crussel,† of St. Petersburg, Russia. Already in 1839 he demonstrated experimentally the different effects produced by the different poles, and used electrolysis in the treatment of strictures, exudations, tumors, and ulcers. A number of others followed him, amongst whom one of the most successful is undoubtedly my friend Dr. Moritz Meyer,§ of Berlin. Dr. Althaus has quite recently improved the method and shown the great importance of the negative pole in the treatment of tumors. Certainly every observer will agree with him that electrolysis, besides annihilating the pain, acts in a threefold manner,|| viz.: 1. Through mechanical disintegration of the tissues by the nascent hydrogen; 2. Through the dissolving action of the accumulated free alkali (potash, soda and lime); 3. Through the local modification of nutrition (by means of the vasomotor nerves) of the parts brought under the immediate influence of the current. To these local effects I can now add, from my own experiments and observations, the constitutional effect of electrolysis, which latter especially makes this method invaluable in many hitherto incurable diseases. One of its great advantages is that it is never followed by

† Crussel: Die electrolytische Heilmethode.—Medic. Zeitung Russlands. 1847-48.

§ Moritz Meyer: Die Electricität in ihrer Anwendung auf practische Medicin. Aufl. 1868, p. 405, 407.

|| Op. cit., p. 441.

inflammation, suppuration, sloughing, or other disturbances, and that the patient can continue his usual occupation and mode of life.

The electrolytic treatment is called to open a large field of surgery, and will be applied very soon to a variety of surgical diseases, to the advantages of the profession and the benefit of suffering humanity. The surgeon now, besides his biological knowledge and the use of his mechanical appliances, will acquire and appropriate to himself the knowledge of physics, electro-physiology, and the management of the complicated galvanic apparatus.—*Med. Record.*

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### Physiology and Pathology of the Brain and Nervous System.

*Velocity of Cerebral Functions.*—The “Archives des Sciences” for April 15th, contains a paper by Dr. Adolph Hirsch, on M. F. C. Donders’s experiments to determine “the velocity of the psychical functions of the brain,” as detailed in the “Archives de Reichert et du Bois-Raymond,” and we extract from it the following passages:

“We know now that the brain requires about fifty-thousandths of a second to distinguish and signalize the distinction between two colors, and only fifty-thousandths of a second to distinguish between two vowels which are pronounced. What is more, M. Donders has succeeded in separating these two psychical acts into their components, and he has found that the brain employs about 1-25th of a second to recognize an impression, and 1-28th of a second for an act of volition to signalize that the impression has been received. With regard to the rapidity of perception in cases of hearing, sight, and touch, and the duration of the functions of the cerebral organ, M. Hirsch observes: ‘I endeavored to reply to the first of these questions in 1861, and the results which I obtained for the physiological times of the different sensations have been since confirmed by eminent physiologists, among them M. Donders, who gives as the mean of his experiments for touch, 1-7th of a second; for hearing, 1-6th; and for seeing, 1-5th. But this physiological time, as I have named the interval between the excitation, and the signal given by the manifestation of perception, comprehends a greater number—M. Donders has enumerated not less than a dozen—of acts, and divers functions of the senses, the peripheral ganglia, the nerves, brain, muscles, etc., almost all have to be accomplished in this small fraction of a second. It was important to separate as far as possible these different acts, and especially to fix the time employed in the functions of the brain, for which only a maximum limit of 1-10th of a second was known, obtained by deducting from the total physiological time the portion employed in transmission by sensor and motory nerves. But what was the minimum limit?’”

M. Donders conceived the happy thought of intercalating, in the series of functions comprised in the physiologic time, certain fresh terms of purely psychical action; and this retardation, evidently due to the intercalation of a new act of the brain, has made us acquainted with the duration of the latter.

M. Hirsch thus describes M. Donders's apparatus: "The nematograph is composed of a cylinder somewhat like that of the phonautograph, on which time is registered by means of a diapason making 261 vibrations in a second, and moved by electro-magnetism, on the principle proposed by Helmholtz. These vibrations can be divided into fifths, and thus thousandths of a second obtained. The time at which the action which produces a sensation occurs is registered by the machine, and likewise that of the sensation experienced by the power experimented upon.

"The mode of accomplishing this varies according to the means of excitation employed. When an inductive current is used to give a slight shock or prick to any portion of the body, or to light up suddenly different letters, or when the spark is observed through colored glasses to produce the sensation of different colors, the current itself makes its own registry by a spark passing between the style of the diapason and the cylinder, through a sheet of blackened paper, in which it makes a little hole. The observer registers his perception by touching a key, which causes a style to mark the cylinder. To avoid the error introduced by the variable time taken by electro-magnets in attracting their armature, M. Donders prefers a purely mechanical signal. The person under observation turns aside a horizontal bar of wood carrying a point, which marks the cylinder. By holding this indicator between two fingers, and turning it right or left, two signals can be given to express different sensations.

"In experiments on hearing, the sound produced by a spring striking a pin springing from the cylinder, or by a diapason put into sudden motion, or by the human voice, is registered by the phonautograph, or by a modification of König's stethoscope, over which an elastic membrane is stretched communicating by two caoutchouc tubes, with two embouchures. One of these serves to transmit the sound which is to be perceived, and by the other the patient reproduces the sound he hears, so that the phonautograph registers both at the same time below the chronoscopic line of the diapason. Acting alternately upon the same excitation, by the hand and the voice, we can determine and eliminate the difference of time in the two kinds of signalling."

The above descriptions are not very clear; but, in default of better, we lay them before our readers. M. Hirsch continues his paper by describing M. Donders's experiments:

"It was first desired to find the time necessary for discriminating between two sensations of touch, and to express the distinction by different signals. To accomplish this, two similar electrodes were placed on the feet of the patient, and, by means of Pohl's permutator, a slight electric shock was given to the right foot or the left, and the patient signalled his perception by the hand on the same side. The experiments were made under two conditions—either the patient knew beforehand which foot would be operated upon, so that he could give the signal without waiting for reflection, or he

did not know on which side the shock would come. In the latter case the physiological time was prolonged to the extent of one-fifteenth of a second, and that is evidently the time necessary for an observer to take notice of the side on which he was struck, and, to coordinate with this idea the act of volition, to give the signal with the corresponding hand.

"In a similar manner M. Donders added to the sensation of sight an alternative of perception and volition, by asking the patient to make his signal with the right hand when he perceived an object suddenly illuminated with red light, and with the left hand when it was lit up with white light. In this case the psychical action prolonged the physiological time occupied in the perception of light 0.154s. A similar result was obtained when the person experimented upon pronounced a letter suddenly exhibited to him. If the alternative was only between two letters—*a* and *i*, for example—the time occupied by the psychical act was 0.166s., calculated as a mean, and 0.124s., reckoned by the minima. When one out of five vowels had to be distinguished, the time was longer; 0.170s. in the mean, and 0.163s. if the minima were taken.

"Analogous experiments were made with hearing, by uttering a vowel sound, which the patient repeated as soon as he heard it. Sometimes the vowel to be employed was made known beforehand, and at others not. When a distinction had to be noticed between two vowels, the psychical time was 0.056s. reckoned as a mean, and 0.062s. reckoned by minima; and, when five vowels were employed, the time was 0.086s. according to means, and 0.067s. according to minima."

In experiments with two colors, the discriminating signals were made with the hand, and by the voice with the vowel sounds; this caused the times in the former case to be a little longer than in the latter. M. Donders found that when the signal consisted in pronouncing the single vowel *i*; the time was less than when *pi*, *ti*, *ki*, had to be said. The retardation caused by *p* was 0.011s., by *t* 0.022s., and by *k* 0.021s.

It was found that the sense of sight required nearly three times as long to distinguish between two letters as the ear required to distinguish between two vowel-sounds. "M. Donders tried with success to separate the time required to distinguish an alternation from that employed in a corresponding act of volition. He arranged his experiment so that the patient was only required to act on the perception of one out of several vowels which he might hear—the *i*, for example, to the neglect of the rest. In this case, attention is concentrated upon the perception of *i*. The mouth and all the respiratory apparatus were prepared to pronounce *i*, and the patient had only to give breath to it. No act of volition intervened in this case;\* all that was intercalated was the act of distinguishing *i* among all the vowels which might be pronounced. In these experi-

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\* The patient has already willed to give the signal, and only waited for the event.

ments the psychical time was found shorter than when two functions of the brain were interposed."

In experiments upon himself, M. Donders found an act of volition to require one-twenty-eighth of a second, and one of simple distinction one-twenty-fifth.

"M. Donders made similar experiments by employing letters seen and not heard; and he found that, to distinguish a letter seen—one out of several not known in advance—does not require, sensibly, any more time than in the case of a sound heard; while it will be remembered that the entire psychical time is much greater in the former case. He explains this greater rapidity, under the circumstances specified, by remarking that the patient, having only to act on perception of the letter *i*, had its image already present in his mind."

M. Donders is now at work with another instrument—his "nœmatachometer." In this apparatus, a piece of iron is suspended by a thread, and falls when the thread is burnt, interrupting an electric current, and producing a spark which can be seen through a hole. The interval between the spark and the shock produced by the falling iron can be determined and regulated, and by means of the instrument the time can be ascertained which the mind or brain requires to decide which occurs first.—*The Student of Science, Literature, and Art.*—*Journal of Psychological Medicine.*

## Correspondence.

*To the Editor of the Buffalo Medical and Surgical Journal :*

DEAR SIR,—Believing that every important advance in Uterine Surgery should be published to the profession, I send you the enclosed note from Dr. Atlee, of Philadelphia. Regretting that my own observation does not induce me to hope for the discussion of large fibrous growths by the means indicated by the celebrated gentleman, and hoping that future observation may show me in error, I will not indulge in further comment.

I should state that the letter is in reply to one addressed, a few weeks since, to Dr. Atlee, stating that I had a patient of respectability and wealth, who had been informed by some *lay friends* of his that he was in the habit of excising fibroid growths of the uterus. It was stated, in my communication to him, that the patient was forty-four years old, had suffered with this growth for ten or twelve years, that she was now as large as the woman at term, (weight of tumor estimated at twelve or fifteen pounds;) that it was hard in

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character, and that I could not determine whether it was intramural or only involved the uterus externally, but that it was not within the cavity of the organ; that the patient suffered little in her general health, had no severe hemorrhages or pains, and was anxious to know if he would relieve her of her deformity, and that I wrote at her request.

I give you this remarkable letter precisely as written, and in full, merely italicizing some of the passages, which seem to me extraordinary, and remain,

Ever truly yours,

JAMES P. WHITE.

PHILADELPHIA, Aug. 17, 1869.

MY DEAR SIR,—I rec'd yours of the 16th to-day. Certain forms of Uterine Fibroids I remove by the knife; but in deciding on the propriety of an operation in any case, it is necessary to make a careful personal examination. As the patient, however, is "in pretty good health," and there is "no hemorrhage," the case is not urgent. I would, therefore, advise *medication, which sometimes will disperse these growths. Give her ten grains of muriate of ammonia three times a day*; and also, twice a day, order her to wash the abdomen well with a solution of it, 3ii to the pint of water. Persist in this treatment for a long time, provided the health remains good and the tumor does not increase. *If convenient I would like to see her.*

Very respectfully yours,

WASHINGTON L. ATLEE,  
1480 Arch St.

To J. P. WHITE, M. D.,  
Buffalo, N. Y.

Fee, \$10.

Why Prof. White should furnish without comment such a communication we are wholly unable to conceive, but publish it mainly from respect to the distinguished Physicians whose opinions it indicates. It could not be possible that Dr. White wanted to know anything of Dr. Atlee's opinions about uterine tumors, their removal or discussion, being himself fully acquainted with the whole field of human knowledge in this department. The simple answer, to satisfy a patient who had heard wonderful things of Dr. Atlee was all that could have been expected. Such a tumor as you describe cannot, with safety or propriety, be removed by operation or otherwise, was all that any rational physician could say. These letters, we suppose, are open for comment, as they are furnished for publication, and are supposed to be for instruction or *warning*. Dr.

Atlee has given a written opinion in a given case, for which he accepts a fee; and certainly, if he advises his *confrere*, and charges for his opinions, the profession are fairly entitled to the advantages.

He advises "medication," as the case is not urgent. This is a very singular suggestion to make, even if made to a patient, but when made to a member of the profession of distinguished attainments in this department, it is astonishing. Medication to remove a fibrous tumor of ten or twelve years duration and of twelve or fifteen pounds weight. A man must have greater faith than that of Moses to smite such a rock with so slim a rod. Whoever knows anything at all about these growths, and anything about the effects of medicines, understands how unspeakably absurd is the proposition. He says: "Which will sometimes disperse these growths." If the Doctor's experience justifies this assertion, he has doubtless been in error in his diagnosis and regarded some inflammatory or suppurative disease, which disappeared spontaneously, as carried off by medication, for certainly *such* tumors as are fibrous in character, of years duration, and of such size, are *never* dispersed by medication. It seems impossible that Dr. Atlee should hold to such opinion; but, if so, we shall hereafter cease to wonder how men of much less education and attainment can believe in the influence of the most attenuated dilutions. If minds of culture can come to such conclusions, we are prepared for delusions far greater and more manifest than have ever yet disgraced the history of medicine and of mankind. In conclusion, he says: "If convenient, I should be happy to see her." We should scarcely think it would pay. Is it possible that the Doctor can entertain the idea of removing this tumor with the entire uterus, or a part of it?

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*To the Editor of the Buffalo Medical and Surgical Journal:*

DEAR SIR,—I am led, by some articles which have appeared in your Journal during the last few months, to beg leave to write you a letter of inquiry regarding one of them, particularly, which was published in the July number, by C. C. F. Gay, M. D., of Buffalo, entitled "Puerperal Eclampsia."

The writer states that he "has not sought to enlighten the older members of the profession, but to throw out some hints which may



serve as *safe* guidance for those who have but recently entered upon the responsible duties of a laborious and ever harrassing profession." After laboring through several pages of hypothetical pathology, he sums up the treatment as follows: "I believe that, while convulsions last, morphia, gr. 1, is not too much to use hypodermically every half hour."

I am a younger member of this truly harrassing profession, and have encountered but one case of puerperal convulsions, which case ended in recovery, notwithstanding the use of forcible dilatation of the os uteri, chloroform and forceps. I did not then know that gr. 1 of morphia, hypodermically injected, was safe treatment for a young doctor to give, or a patient to take.

Young members of the profession rely upon Medical Journals, more or less, for safe hints, and as a guide to their "prentice hand" in practice; and, in behalf of such, I would ask, do you consider that quantity of morphia, used hypodermically, safe treatment in puerperal convulsions, or in anything else?

The author also states three times in his article, that we are not to force an undilated os uteri. It is quite common, I believe, in cases of rigid, undilatable os uteri, for the first stage of labor to last twenty-four hours or longer. This condition of the uterus may obtain in a case of convulsions. Would it be safe treatment to follow the teaching of the "Buffalo Medical and Surgical Journal," according to Dr. Gay, in such a case, and attend to the convulsions by giving morphia, gr. 1, every half hour while the convulsions lasted and let the uterus alone? Unless the patient were a Chinese opium smoker, or an habitual morphine eater, could she bear it? It seems to me that such therapeutics is more flattering to the druggist than to any physician or medical journal.

Prof. Elliott, of Bellevue Hospital Medical College, says: "at the present day we command the cervix uteri;" and gives elaborate directions how to force an undilated os uteri when required, by sponge tents, Barnes' dilators, and warm water douche. Is dilatation of the os uteri in labor a physiological, vital act of itself, or simply the result of combined forces. However this may be, what harm is there, if circumstances demand it, in aiding the operations of nature by judicious force properly applied from without?

Some of us young doctors may soon have a case of puerperal con-

vulsions. Please state for our guidance in that trying hour, whether we can be justified in giving morphia to the extent mentioned, or attempt in any degree, under any circumstances, to aid the dilatation of the os uteri by mechanical means.

Very respectfully,

ROMAINE J. CURTISS, M. D.,  
Angola, New York.

We supposed our readers were by this time aware of the necessity of making some allowances for the expressions of positive and enthusiastic men. We do not hold ourselves personally responsible for the soundness of the doctrines of any of our contributors, though we generally mean in some way to put our attentive readers on guard against error, so that, as a rule, the profession may regard the Journal as a safe practical guide. Our pages, however, are open for the freest expression of opinion; and we hope that no one will infer that we only publish such articles as commend themselves to our personal approval.

In answer to the very pertinent inquiries of our correspondent, we would answer briefly. The question of delivery in case of puerperal convulsions is too important and too extensive to be answered in few words. We could hardly express our opinions without explanations involving a full consideration of the subject. We would advise our young friends desirous of safe guide, to read such recent works as they may have upon obstetrics, where the sentiment repeated by Dr. Gay, that the causes of puerperal eclampsia are to be sought for in a general alteration of the economy and not in the condition of pregnancy, as was formerly supposed, will be found fully explained. Though there is probably some truth in this doctrine, yet the general advice in puerperal eclampsia, to attend to the convulsions and let the uterus alone, may certainly convey error, if by "let the uterus alone," is intended, to in no way interfere with, aid, or hasten the process of labor. In regard to the dose of 1 grain of morphia, subcutaneously, every half hour, being "not too much," we must frankly confess that it *looks large*. We have never tried it, and cannot speak from experience. If we found one patient who could bear it, we should regard it the exception and not the general rule. Our readers must therefore accept the assurance of Dr. Gay,

that it is not too much, until future experience shall demonstrate its correctness; but it would seem to us to be a "leettle" too much.

In connection with Dr. Gay's paper, it may be well to say that chloroform was used in puerperal convulsions some time prior to the report of his case; and we have no doubt he will be glad to relinquish all claims to priority, since, in vol. iv, page 206, (July 18th, 1848,) of the *Buffalo Medical Journal*, will be found full report of a successful use of it by Prof. James P. White, but without any claim to priority in its use.

## Editorial Department.

### Death of Dr. Edmunds—Action of the Erie Co. Medical Society.

At a meeting of the Erie County Medical Society, held on the evening of the 27th ult., called to take action on the occasion of the death of Dr. J. J. Edmunds, the Vice-President, Dr. Miner, on taking the chair, spoke as follows :

GENTLEMEN: I am again called upon to announce the death of one of the members of this Society, Dr. James J. Edmunds, who died, after a long and painful illness, August 25th, aged fifty years. Dr. Edmunds was a graduate of the Buffalo Medical College in 1851, and has practiced his profession in Buffalo since that time. He has long been a worthy member of the Erie County Medical Society and of the Buffalo Medical Association. He was elected Coroner of Erie County in 1863; was President of the Board of Health, and held at various times many offices of honor and trust. Dr. Edmunds was an honest, earnest worker in his profession, though constantly struggling with embarrassments and misfortunes—disease always casting shadows over his professional hopes and expectations. He had a modest, unassuming, gentle spirit, and his real merits were largely unappreciated except by the few who knew him best. He battled manfully with his woes, and is at rest. He leaves a wife, three sons and a large circle of friends to mourn his early death. You will please take such action as you deem appropriate upon such an occasion.

Dr. Eastman also spoke in kind and complimentary terms of the deceased, and closed by moving the appointment of a committee of three to draft resolutions expressive of the sense of the society on the occasion. The motion was adopted, and Drs. Eastman, Johnson and Barnes, Jr., were appointed such committee, and subsequently presented the following resolutions :

*Resolved*, That in the death of Dr. James J. Edmunds, we mourn the departure of a worthy brother and friend, who has ever exhibited noble qualities and energy in the practice of our profession. Honest and simple in his nature and habits, open and frank in the expression of his sentiments, manly, generous and just in his professional intercourse, he has endeared himself to our kind and grateful remembrance.

*Resolved*, That we will attend his funeral on the 29th inst., and wear the usual badge of mourning.

*Resolved*, That a copy of these proceedings be transmitted to the family of the deceased, and that the same be published in the *Buffalo Medical Journal* and in the city papers. Adopted.

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## Items, Selections and Remarks.

BY W. W. MINER, A. B.

Recent writers in the medical journals assert that periosteum, as a covering for the ends of bone in amputation, is of great value. Commencing an inch or so below the point where the bone is to be sawed, the healthy periosteum is dissected back up to that point so as to allow the forming of a flap of periosteum, with which the stump of bone is afterwards covered. In this way a smooth, bony termination will be formed for the stump, and the great tenderness which the ends of amputated limbs often have will be avoided. The proposition appears quite rational.—Subscriptions from the friends of M. Trousseau, late Professor of Clinical Medicine of the Faculty of Medicine, have been sufficient to furnish two busts of the distinguished physician, one of marble, which is in the Hall of the Faculty of Medicine. The other of bronze, which has been placed on the peristyle of the Hotel Dieu. Each subscriber receives a photographic copy of the busts.—A bi-monthly journal devoted to the study of parasites, "*Zeitschrift für Parasiten Kunde*," has been commenced at Jena by Prof. Ernst Hallier, histologist and professor of botany. Each number has two or more lithographic plates, and costs in currency \$3.30 each.—A prize of 20,000 livre, offered by Dr. Riberi, of Turin, for the best work on Laryngoscopy, has been received by Prof. Von Bruns, of Tubingen.—Forty thousand persons were vaccinated in New York, in the month of June, by sixty inspectors appointed by the Board of Health.

E. R. Bickersteth, Surgeon of Liverpool Royal Infirmary, has successfully ligated, by Prof. Lister's methods, the carotid artery of a patient for the relief of aneurism. Seven days only, were required for the operation the complete cicatrization of the wound and the discharge of the cured patient. He says, in the *Lancet*, this gives him the opportunity of recording the first cases in which the antiseptic catgut ligature has been successfully used on the human subject. Prof. Lister's reported cases with the catgut ligature have been performed on animals.—A new work in French by Prof. Geraudes, entitled "Clinical Instructions on Surgical Diseases of Children," has just come out, bound in paper, five volumes, which contain, in all, 862 pages. It is compared with Holmes' Surgery as being quite complete and valuable, but it is rather expensive for general circulation.—The pain produced by a blister may be obviated by a hypodermic injection of morphia; and the cicatrization of a blistered surface will be more speedy, if a circular hole is cut in the centre of the blister plaster before it is applied.—Prof. Scanzoni, of Wurzburg, is reported to have received \$30,000 in gold for two visits to the Empress of

Russia. Dr. Magni, of Italy, receives one hundred thousand francs for his cataract operation in Lima, Peru.

The common potato, *Solanum Tuberosum*, contains a crystalline base called solanine. This is found in the green leaves of the plant, in the sprouts which receive the sunlight, and in the potatoe tuber itself, when the soil is removed from it so that the sun gives it a green color. Solanine, in doses of more than two grains, produces threatening symptoms. Cattle have been killed by eating of germinated potatoes, such as are used in making spirits. It is, therefore, important, that such potatoes as have grown exposed to the sunlight should be rejected for table use. All the plants of the natural order solanaceæ, among which is the tomato plant, possess this extractive principle. — A Boston drug clerk, who violated his employer's express commands in dispensing any medicine, gave tinct. opii for tinct. rhel, thus causing the death of the patient who, according to directions, took an ounce dose. The officious gentleman is held in bail for one thousand dollars, awaiting the action of the grand jury. Two deaths similarly occasioned have just occurred in Hoboken.

Blackwell's Island Lunatic Hospital now contains twelve hundred patients, twice the number intended to be there accommodated; and the city is building on Ward's Island a new lunatic hospital to accommodate six hundred more, which promises only temporarily to meet the requirements. — The *St. Louis Medical Repertory* recently changed hands, and has since been discontinued because of the loss which attended its publication. The *Medical Archives* is now supplied to the subscribers of the former journal. — Nine, out of seventy pages of the September number of the *Nashville Medical Journal*, are devoted to medical miscellany, the rest to vindication of the editor and personal abuse.

Experiments on the milk of the sow, by Dr. Cameron, a chemist of Dublin, show that it contains eighteen per cent. of nutritious matter, nearly fifty per cent. more than human milk, which contains but eleven. The relative nutritive values of the different kinds is expressed thus in an increasing order; woman's milk, that from the cow, goat, ewe, mare, ass and sow. This accounts for the rapid growth of the young of the pig, and suggests another form of condensed nutriment. — The "golden yellow" hair, fashionable at present, is artificially obtained by applying first a solution of a salt of arsenic, and then brushing on hydro-sulphide of ammonium, which precipitates in the hair, arsenic trisulphide, the well-known golden orpiment. Another method is to get a nitric acid stain by using aqua regia, which is not so pleasant but perhaps quite as safe an application as the former. — The late Philip Maret, of New Haven, bequeathed one-fifth of his property, amounting to one hundred and forty-six thousand dollars, to the Connecticut State Hospital, the income from which is to be used for the support of indigent inmates, especially those whose complaints are incurably established. — A Frenchman in Boston, suffering from a "gum-boil," tried the effects of galvanism in removing the trouble, using a half franc piece and a bit of zinc inserted into his mouth on the parts affected. The result was that the coin slipped into his larynx, where it remained for six weeks, when he applied to Dr. H. K. Oliver, who discovered nothing by means of the laryngoscope; but, as the patient insisted that the coin was there, he placed him

on his chest, with his head inclined to the floor, when with blows on his back and continued coughing, the coin was thrown out.

In a Daniell's battery, the porous cell may be dispensed with in this manner: Make the copper plate of such a shape as will allow it to lie upon the bottom of the large cell, place the crystals of cupric sulphate on this plate, fill the jar with the diluted sulphuric acid; the solution of the salt of copper, which is formed, will, by its specific gravity, remain at the lower part of the cell so long as it is undisturbed, while the zinc plates may be suspended in the upper clear portion of the exciting liquid.—Prof. Tiemann of Breslau, uses, in the examination for trichinæ, a lens which magnifies only ten diameters; with a larger diameter, he says the trichinæ may be overlooked.—At the annual meeting of the American Homœopathic Medical Association in New York, this month, Dr. G. D. Beebe, of Illinois, reports that he has removed a portion of intestine four feet ten inches in length, temporarily made use of an artificial anus, then re-established the continuity of the intestinal canal. This account has been noticed also in the daily papers.—A French physician has lately performed Cæsarian section with complete success, in which operation local anæsthesia alone was used.—Dr. H. S. Leffingwell, of St. Louis, has used with success the hypodermic injection of caffeine as an antidote to morphia.—Dr. Braindage, of Factoryville, Pa., reports a case of menstruation occurring regularly in a patient eight years of age.

The University Medical College of New York has just removed to its new building opposite Bellevue Hospital. The building, and its location, are most convenient and desirable ones.—The Kansas State Medical Society has lately been chartered and organized.—Louis Elsberg has been appointed Professor of Diseases of the Larynx, &c., in the Medical Department of the University of New York. He offers two prizes, open for competition to all medical students; one for an illustrated report of the clinic of diseases of the Throat at the college, and another for the best anatomical preparation of the Pharyngo-nasal space.—An Irishman of New York city applied to a lady quack for relief from fever and ague. She administered an infusion of a paper of tobacco in a pint of water. The first dose having produced vomiting, some water and another half-dose were given; the next thing in order was a post-mortem examination, from which it was determined that the man vomited himself to death.

Prof. Von Græfe is in ill health, so as to be obliged to leave his duties in Berlin and to seek in Italy recovery from his invalidism.—Prof. Syme being impaired in health, has resigned the chair of Clinical Surgery in the Edinburgh University; and the students have requested that Prof. Lister, of Glasgow, receive the appointment as his successor.—Prof. Boehm, a noted surgeon of Berlin, died last month from the effects of a dissecting wound.—Dr. C. E. Rider has been appointed lecturer on Ophthalmology in Geneva Medical College.—Rochester University has conferred the degree of L. L. D. on Dr. W. W. Ely of that city.—A prize of twenty thousand dollars from the French Academy for the discovery of the cure for cholera has been waiting for a recipient for fifteen years; in the mean time the income from this amount is expended in encouragement of the study of this malady.

—M. Gonjon has obtained a prize of one hundred dollars from the Academy of Medicine for showing that bone substance may be produced by the transplanting of marrow in the same manner as periosteum. His experiments were on a rabbit, and were quite conclusive. —Wm. Wood & Co. announce that they have in press an American edition of "Holmes' Surgery"; the first of the five volumes will be issued October 1st, and each of the others will follow at intervals of two months.

"At the late meeting of the British Medical Association, Dr. B. W. Richardson exhibited a knife consisting of a working blade, and which divided with such rapidity that superficial incisions could be made with it without pain. The revolutions were about twenty-five per second, but the speed might be greatly increased. The knife, in its action, illustrated that an appreciable interval of time is necessary for fixing an impression on the mind and for the development of consciousness. He hoped he should soon be able to give to the surgeon a small pocket instrument with which to open small abscesses, and perform many minor surgical operations painlessly, without having recourse to either general or local anæsthesia."—*Lancet*.

—"There seems to be no doubt that the Emperor's condition is more serious than the official journals of Paris represent. The Empress's journey to the East, for which tremendous preparations had been made, has been postponed, and she has hurried back when as far on her way as Corsica. Moreover, Nelaton, the Paris surgeon, who now occupies the position of a last resource to all the wealthy and distinguished people of the continent, has been called in in consultation, and although it is every day announced that his Majesty's indisposition is not serious, and that he will "*soon be about again*," somehow he does not get about. The Bourne, in the meanwhile, is sensitive to the last degree, and ready for a panic of the first order."—*The Nation*.—"M. Nestor Roqueplan was for many years director of the French Opera. If he knows anything, it certainly is Paris and the Parisians, and he has written several works to prove it. His last is "*Parisino*." Some idea of its spirit may be obtained from the preface to the work. Here it is entire: "*On dit: Strychnine, Quinine, Aniline, Nicotine. Je dis: Parisino*."—*Nation*.

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## Books Review.

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*Niemeyer's Text-Book of Practical Medicine, in two volumes. Translated from the German by George H. Humphries, M. D., and Charles E. Hackley, M. D. D. APPLETON & COMPANY, New York.*

It would at first thought seem quite unnecessary, at the present time, to furnish the American profession with a new work upon the Theory and Practice of Medicine. We commenced examining the present volumes with no expectation of being able to find anything of special interest not already furnished in our previous works upon the subject. We have not discovered anything especially new, though the work is certainly up with all the advances of the last few years, and we most fully concur in the translators' statements, that "Professor Niemeyer's volumes present a concise and well digested epitome of the results of ten years of carefully recorded clinical

observations by the most illustrious medical authorities of Europe, together with many valuable and practical deductions regarding the causes of disease and the application of remedies, such as we believe have not as yet been assembled in any single work."

The attention given to the nature, causes and natural termination of disease, is a most attractive feature of this work. We think no one can fail of being attracted by the manner in which the pathology of disease is presented. We have examined the work with the greatest satisfaction, and find in it much more to commend than we had supposed possible. In presenting recent views of disease, the fallacies of former doctrines is shown with such clearness and force of reasoning, as well as proved by such array of facts as to make conviction certain. We certainly believe that this work will receive the approval of all, and will become an especial favorite both with students and practitioners of medicine. It is extensive in its range, complete in its description of disease and of the means of cure, and above all, it is unusually satisfactory in its descriptions of the causes, conditions, and terminations of disease. The publishers have also done their part in a most tasty and substantial manner, and we bespeak for this work, upon practical medicine, the highest position both as a text book for students and a guide to practitioners.

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*Fowne's Chemistry. Tenth Edition.* By ROBERT BRIDGES, M. D., Phila.

In the present edition, this work presents two hundred and fifty-seven pages additional to those of the previous one, so that it now numbers in all eight hundred and fifty-seven pages; twenty-five new plates have been inserted, while an equal number of old ones are withdrawn. Ten years have elapsed since the publication of the former edition, and the progress made in the science during this period, has rendered an extended revision of its teaching and terminology, imperative. Greater advance has been made in this science, during the past few years, than ever before in the same length of time. The abundance and variety of its facts, increase yearly with the increasing number of experimental inquirers, while the acute penetration which is exercised in chemical research is plainly indicated by its recent disclosures. In the last edition of this work nothing is said of the spectroscope, now three pages and two plates are given to the subject; and in a future edition we shall probably see this occupying a distinct department of the work. The French decimal system of weight and measure is used in this volume, and the Centigrade Thermometer has the precedence, while the degrees of Fahrenheit are still retained enclosed in parentheses. We notice in the new nomenclature used, two departures are made from the general rule in giving lead, nitrate, etc., in place of plumbic nitrate, copper sulphate for cupric sulphate, which may be a favor to the English language but hardly conduces to the unity of scientific terminology; manganoso-manganic oxide is also given instead of mangano-manganic oxide. The chapter on the general principles of chemical philosophy is quite good; and we recommend that section on atomic weights to any who are wishing for an intelligent explanation of the changes introduced by the new system. The system of notation throughout the book has been made correspondent



with present acceptation, and the old has not been retained to confound the student. Very many recently obtained facts concerning the rare elements are given, and much has been added in the giving of the chemical reactions. Crystallography, we expect, will be made more determinative and definite when our students shall require it. The method of estimating electro-motive power and quantity, will be new to most of its readers, while the department of Organic Chemistry will hardly be recognized, so extended has been its revision. Part fourth, on Animal Chemistry, has been enlarged and almost entirely re-written, and is of great value to the medical student. Notwithstanding the labor expended in the enlargement of the volume, its price remains as before.

The Colleges of Pharmacy lately instituted in this country require of their students particular attention to a course of chemical study. Manufacturers, who have entrusted their chemical operations hitherto to uneducated artisans, begin to see the economy of employing a skilled chemist to direct such affairs, while a knowledge of the science is diffusing among the public who recognize its utility in everyday experience. We are happy to see that chemical science, in its recent eminent advancement, has not left in the rear this work, which was so long, and is now, the best of our text books in general chemistry.

*Report on Excisions of the Head of the Femur.* Circular No. 2;  
Surgeon General's Office.

Great honor is reflected upon the Surgeon of the United States by the publication of such model reports as repeatedly come from our Surgeon General's Office. In this last report, which is by Geo. A. Otis, an excellent and interesting historical review of the operation of excision of the head of the femur precedes the main report, in which latter are presented sixty-three authenticated cases which occurred in the war of the rebellion, of which forty-eight were performed by Surgeons of the Union Army, and fifteen by those of the Confederates. The operations are included in three divisions: primary, intermediate and secondary; primary operations include those performed within twenty-four hours after the injury; intermediate, those performed during the existence of inflammatory action in the parts; secondary, those performed after inflammation had subsided. There are thirty-two primary excisions, twenty-two intermediate, nine secondary. Two primary operations were successful, two intermediate and one secondary, while the average duration of life in the unsuccessful cases were, of the primary, seven days; of the intermediate, twelve and one-half days; of the secondary, sixteen days. We notice that the whole number of hip-joint excisions which have been made in military surgery, is given as eighty-five, of which twelve only were before our late war and ten since. The second half of the work thoroughly canvasses the eligibility of the operation of excision—first, as regards temporization; second, as compared with amputation, in which the collection of facts is most complete. In the concluding observations by the writer he says that, although the numerical ratios give one-half per cent. in favor of amputation, still such close reckoning, with such varied condition of the patient and sources of testimony, ought not to be considered as decisive in its favor.

"Primary excision of the head or upper extremity of the femur should be performed in all uncomplicated cases of gunshot fracture of the head or neck. Intermediate excisions are indicated in similar cases where the diagnosis is not made out till late, and also in cases of gunshot fracture of the trochanters with consecutive arthritis. Secondary excisions are demanded by caries of the head of the femur or secondary involvement of the joint, resulting from fractures in the trochanteric region or wounds of the soft parts in the immediate vicinity of the joint. Expectant treatment is to be condemned in all cases in which the diagnosis of direct injury to the articulation can be clearly established."

"Amputation at the hip-joint for gunshot injury, notwithstanding its great fatality, cannot be altogether discarded, and should be performed under the following circumstances: 1. When the thigh is torn off, or the upper extremity of the femur comminuted with great laceration of the soft parts, in such proximity to the trunk that amputation in the continuity is impracticable. 2. When a fracture of the head, neck, or trochanters of the femur is complicated with a wound of the femoral vessels. 3. When a gunshot fracture, involving the hip-joint, is complicated by a severe compound fracture of the limb lower down, or by a wound of the knee-joint. There are two other possible contingencies under which primary or early intermediate coxo-femoral amputations for injury, may be admissible: 1. When, without fracture, a ball divides the femoral artery and vein near the crural arch; 2. When a gunshot fracture in the trochanteric region is complicated by such extensive longitudinal fissuring as to preclude excision. Experience has yet determined nothing on these points. Secondary amputations and re-amputations at the hip, in military surgery, should be performed, when, from caries, or necrosis, or chronic osteo-myelitis, following gunshot wounds, or amputations in the continuity, the patient's life is in jeopardy."

The different forms of incisions which have been used are given, of which the author prefers the simple straight line. A list of bibliographical sources of information respecting this operation closes the volume, on which, in the attainment and authentication of facts, the search for, and classification of statistics, and in the introduction of the illustrative plates, great labor has been expended. The practical and scientific deductions of the author are of great value to the surgical profession, while the work is, in a good sense, a complete monograph on excision of the head of the femur, for gunshot injury.

### *The Nation.*

It gives us pleasure to say a few commendatory words respecting this publication, which we have received from its beginning, and which furnishes us a complete history of our nation, in all its departments, contemporaneous with the occurrence of events themselves. The extraordinary ability which is requisite, in order to successfully read the history of one's own time, is recognized by every intelligent mind; and the fact that the publication has lived to enter its fifth year, is a guarantee that it will survive every future vicissitude and attain for itself lasting eminence among our nation's records. Its list of contributors includes a large number of the eminent men of our nation, among whom we notice the names of

Wm. A. Hammond, Jeffries Wyman, and others distinguished in different departments of science. The favorable criticism it has received from the European press fully equals that given by our own Americans, and its authority is widely recognized abroad as well as at home.

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*Politzer on the Membrana Tympani in Health and Disease.* WM. WOOD & COMPANY, New York.

This work comprises a most complete monograph upon the appearances of the membrana tympani both in health and disease. The chromo-lithographic illustrations of the membrana tympani are very valuable and very beautiful; they give to the work an attraction, and to the descriptions of disease a reality not otherwise possible. The Anatomy of this Membrane is given with great minuteness, and then the best modes of examining it, after which all the diseases to which it is liable are fully described. It is impossible to know the nature and extent of an aural affection without a knowledge of the appearances of this membrane both in health and disease. The representations here presented furnish means of determining the existence of any morbid changes which may be present, and are sufficient to enable the careful observer to arrive at very correct and satisfactory conclusions. We regard this work as very essential in the study of aural affections, since the condition of the membrana tympani, its anatomical structure and relations, with the best modes of observing it, include an important part of this field. Examination and study of the membrana tympani holds somewhat the same relation to aural diseases that examination of the retina bears to diseases of the eye. Until these structures could be examined, and their conditions positively determined, little progress was made in the study of these affections. The appearance of this book gives future promise of great progress in the diagnosis and treatment of diseases of the ear.

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*Third Annual Report of the Metropolitan Board of Health of the State of New York.*

The district entrusted to the Metropolitan Board of Health is comprised of the Counties of New York, Kings, Westchester and Richmond, together with the towns of Newton, Flushing, and Jamaica in Queens County. The Board report that the most noticeable fact, in the mortality report of the past year, is that from one-fourth to one-half of the whole mortality is to be found among children under one year of age, and it is acknowledged that, in some portions of the city, eighty per cent. of the mortality occurs in the infant population. The rate of mortality in Brooklyn is not less than two in one thousand less than in New York. Prof. Chas. F. Chandler of the Columbia School of Mines, has been appointed Analytical Chemist to the Board during the year, and has rendered them very efficient service on several points. The abatement of the "gas nuisance" is one of the advances made during the year, and the matter is fully reported, while the processes now in use in some of the gas works to avoid the escape of noxious gasses from the purifiers is given in the chemist's report. The establishment of a Lying-in-Asylum for unfortunate women is recommended, as also the system of public drinking fountains and baths,

which has proved so beneficial in other American cities; public urinals are regarded as a necessity, and the establishment of one of these at Astor Place has been decided upon. The laying of wooden pavements to any great extent is not advised until its healthfulness and economy is ascertained. Rendering establishments have been compelled to conduct their operations in steam-tight boilers, and street disinfections, by the application of carbolic acid, was tried and approved of as being effectual. A very full and thorough account of the cattle disease that caused such excitement last year, and no less than thirty large colored lithographic plates accompany the reports on this subject. We never have seen sanitary statistics and mortuary reports so excellently presented as they are by the lithographic plates of this volume, which is very creditable to all parties concerned in its production.

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*Transactions of the Indiana State Medical Society.*

The last annual meeting of this Society was held at Indianapolis, in May. The address to the Society by its President, H. Field, M. D., of Indianapolis, has as its subject, "The Troubles and Responsibilities of the Medical Profession," and it gives the same a faithful representation. The subjects of the published reports are:—Why Doctors Disagree; General Anasarca; Digestive Assimilation of Medicines; and A Case of Dislocation of Femur. A discussion of Puerperal Convulsions, in which the members generally took part, is reported in full. The Society voted to present a memorial to the State Assembly, asking that a State Hospital be established at Indianapolis, separately or in conjunction with the present City Hospital.

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We notice in the October number of the *Atlantic Monthly*, an article entitled "The Increase of Human Life," written by Dr. Edward Jarvis, of Boston. He states that the common complaint that the period of human life is gradually shortening, and that the physical condition of the race is degenerating from its pristine vigor, is unsupported by historical facts, and is furthermore contradicted by a just comparison of the records of early christian, mediæval and recent times. Only for the last fifty years have reliable records been kept very generally among nations; the oldest and most trustworthy of modern records is that which has been kept by the Canton of Geneva in Switzerland, which extends back four hundred years. Tables prepared by Ulpianus, a Roman judge, in the third century, used by the Roman courts, are the earliest account of the mathematical value of human life. From a careful review of tables of expectancy, the writer shows that they favor an increased duration of human life, that the rates of mortality are diminishing, that small-pox, measles, convulsions, fevers, teething, consumption, (sweating sickness,) etc., which formerly were dread scourges, are very much more limited in their violence and extent than they were two hundred years ago. Quite interesting statistical information respecting the sanitary condition of our own cities, as well as foreign ones, are presented in this article, which will, in its continuation, present the reasons of the better developement and sustainment of the life of men of the present stage of being.

## Books and Pamphlets Received.

**The Science and Art of Surgery.** By John Eric Erichsen, Senior Surgeon to University College Hospital, and Holme Professor of Clinical Surgery in the University College of London. From the Fifth English edition: Edited by John Ashurst, Jr., A. M., M. D., &c. Philadelphia: H. C. Lea, 1869. Received through Theo. Butler & Son.

**A Treatise on the Diseases and Surgery of the Mouth, Jaws and Associate Parts.** By James E. Garretson, M. D., D. D. S., late Lecturer on Anatomy and Surgery in the Philadelphia School of Anatomy, late Professor of the Principles and Practice of General Surgery in the Philadelphian Dental College, etc., etc. Illustrated with Steel Plates and numerous wood cuts. Philadelphia: J. B. Lippincott & Co., 1869. For sale by Breed & Lent.

**Transactions of the Medical Society of the State of Pennsylvania at its Twentieth Annual Session, held at Erie, June, 1869.** Published by the Society.

**Carbolic Acid: Its Action and Uses.** By Chas. F. J. Lehlbach, M. D., of Newark, N. J.

**Surgery of the Cervix, in connection with the treatment of certain Uterine Diseases.** By Thomas Addis Emmet, M. D., Surgeon-in-Chief of the New York State Woman's Hospital, etc., etc. From the Author.

**Physical Culture in Amherst College.** By Nathan Allen, M. D., Lowell, Mass. From the Author.

**Report and Remarks on a third series of one hundred cases of Cataract Extraction by the Peripheric-Linear Method.** By H. Knapp, M. D., late Professor of Ophthalmology and Surgeon to the Ophthalmic Hospital at Heidelberg, &c., &c. New York: Wm. Wood & Co.

**Myxoma, or Hyperplasia of the Villi of the Chorion.** By Alexander D. Sinclair, M. D., Physician to the Boston City Hospital, etc. From the Author.

**Hygiene in its relations to Therapeutics.** By Alfred L. Carroll, M. D., one of the Editors of the Medical Gazette, etc., New York.

**Proceedings of the Texas State Medical Association Meeting, held at Houston, June 15th, 1869.**

**Council of the College of Physicians and Surgeons of Ontario. Rules, Regulations, etc., for the guidance of students in medicine.** Toronto, August, 1869.

**Catalogue of the Graduates of Jefferson Medical College from its organization.** Philadelphia.

**Annual Announcement of the Medical Department of the University of Louisville, Kentucky.**

**Annual Announcement of the Medical Department of Willamette University, Salem, Oregon.**

**Publishers and Stationers Trade List Directory for 1869. Advance Edition.** Howard Challen, Philadelphia.

**Literarischer Monatsbericht.** A catalogue of new German Scientific and Literary publications. E. Steiger, 17 North William St., New York.

**Price List of Microscopical Instruments.** T. H. McAllister, 49 Nassau St., New York.

**Catalogue of the Medical Publications of Lindsay & Blackiston, Phila.**

**The Illustrated Educational Bulletin.** A. S. Barnes & Co., New York.

# BUFFALO Medical and Surgical Journal.

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OCTOBER, 1869.

No. 3.

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## Original Communications.

ART. I.—*Medical and Surgical Cases occurring in the Sisters of Charity Hospital.*

Reported by W. W. MINER, A. B., Member of the Class.

### PROF. ROCHESTER'S MEDICAL CLINIC:

*Case I.*—Mr. M —, aged thirty-three, just entered the ward, has cerebral disturbance, considerable redness of tongue and tonsils, and also a scarlet fever eruption on his body, while a white diphtheritic exudation appears on the pharynx. The symptoms of diphtheria and scarlet fever are similar, as also their sequelæ. Some physicians affirm that diphtheria and scarlet fever are different phases of the same disorder, but I have seen diphtheria follow small pox as well as scarlet fever, and believe that this case is one of scarlet fever, indicated by redness of tongue and tonsils, and by the eruptions, while a little diphtheritic exudation still remains in the pharynx. Quinine and a nutritive diet have been given, and the patient is convalescing. Scarlet fever is a zymotic affection, periodically prevalent in its appearance, of a limited duration, and is communicable. Prophylactic efforts are on the safe side at least, and are rightly made use of. As evidence, allow me to cite an instance which came under my observation. In a place one hundred miles distant, a child died of scarlet fever, the nurse of the child,

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who had been very close in her attentions during its illness, came to this city and entered a family having an only child, ten years of age. With negligence which seems almost criminal, she wore the same thick woolen dress that she had worn while attending the scarlet fever patient. Two weeks after she entered this family, the child died of a severe form of scarlet fever. No other cases occurred in the neighborhood. One fact of this kind is worth more than ten negative facts. I, myself, have been exposed to scarlet fever a thousand times, perhaps, and have never had the disease, still I believe it to be communicable. The treatment is hygienic: probably the duration of the disease is not shortened by medical treatment. Dr. West, of England, and Hughes Bennett, employ a bath, whereby the sequelæ which may occur are avoided, or are rendered milder in form. *Scarlatina anginosa* requires local treatment, and that early. A gargle, medicated paper for fumigating, and a camel's hair pencil, are means of applying remedies. Dover's powders may be given, if there is considerable weakness; and quinine prescribed, if there is delirium or prostration. Emetics used to be employed; but they should never be given in the early stages of the disease, as vomiting and diarrhoea are often among its early indications; but, in the last stages of the affection, an emetic sometimes remove an accumulation, and relieves a sense of oppression in the throat and fauces. Antiseptics are often advantageously employed: mineral acids are used for this purpose, and also a combination of chlorate of potassa, and dilute hydrochloric acid, which liberates chlorine; carbolic acid is a new agent, and is well spoken of; the crystallized form should always be used; and one-fourth of a grain is the dose for a child, while one-half to one grain may be given an adult, but if vomiting or irritation ensue its use must be stopped. Belladonna, which has been extensively employed, both as a remedial agent and a prophylactic, has no good effects, and its use is deleterious rather than otherwise. Bathing constitutes a most excellent means of treatment, but may not always be practicable, and do not order it in a hovel where the proper care cannot be taken; but rather anoint the body with fresh lard, which will allay itching and abate the fever. Five drops of dilute hydrochloric acid may be given once in four hours as an antiseptic, and a gargle used after the following formula: .

R

Carbolic Acid, (crystals,) - - -	3 ss.
Glycerine, - - - - -	℥ii.
Saturated Sol. Potass. Chlorat., - - -	℥iii.
Tinct. Myrrh, - - - - -	℥j.

M.

Do not medicate too much, but rather give as little medicine as your reputations as physicians will allow.

I wish to caution you against one of the sequelæ of this disease, which is very easily controlled in its early stages, but which becomes a grave disorder if it is not anticipated and checked. This is albuminuria, in which affection the kidneys suffer from sanguinolent engorgement, whereby the functions of that organ are seriously impeded, and uræmia rendered likely to occur. Albuminuria follows mild cases of scarlet fever as well as severe ones, and may be detected by the appearance in the urine, of the cylindrical fibrinous deposits of the kidneys, together with bits of epithelium from the urinary ducts, and the presence in it of albumen, which is rendered visible on the addition of nitric acid, or by the application of heat. The patients often have a swollen appearance of the upper extremities after having arisen from bed, which shortly gravitates to the lower extremities, and often results in general anasarca. The urine of a scarlet fever patient should be examined repeatedly in order to detect this disease, which, if occurring, may be treated with saline aperients, diaphoretics, or with a warm bath once or twice daily; but specific medication must be employed in the use of tannin or gallic acid, of which the former is more prompt in its action. Three grains of tannin, dissolved in one drachm of glycerine, are to be given once in four hours. Tannin will generally increase the quantity of the urine, and the albumen will disappear at the same time; its action is said to be mechanical, in forcing out the fibrinous casts from the uriniferous ducts; its use should not be continued for more than three days unless improvement follows. It may be succeeded by the giving of muriated tincture, or persulphate of iron, in doses of two or three drops, once in three hours. Cupping may be resorted to, but blistering should be avoided. Among the sequelæ of this disease, we notice effusions on the brain, bronchitis, pneumonitis, synovitis, pleuritis, endocarditis, chorea, and Bright's disease, which is a fatty or granular degeneration of the kidneys.

Dr. McNutt, of Missouri, claims a specific for albuminuria in an



infusion of the inner bark of elder in cider, the virtue of which is yet to be established. A careful attention to the urine is urged in all cases, the importance of which is shown by a case, to which I was called, of a small child who had convulsions, followed by coma, and who was said by its parents to have been perfectly well until the appearance of these alarming indications. On inquiry, however, I found that, five or six days before, there had been a little scarlet rash seen on the child, which did not so much as hinder the child from its play, but was an explanation of the severe albuminuria and uremia from which the child barely recovered.

*Case II.*—J—— N——, aged forty-four, a long-shore man; been complaining three months, has a cough and grows weak, says he spits bright red blood on arising from bed in the morning. Pulse eighty-four, somewhat anæmic in appearance, has a sore leg; his father had a leg similarly affected, which trouble he calls rheumatic; it has the mark of an old ulcer, which he says troubled him six months. Spots of discoloration, scattered over his body, point to a specific cause, which may, however, have been hereditary; but Dr. Hamilton says that copper colored spots are often an accompaniment of chronic ulcers of no specific origin. These ulcers should be made to heal very slowly while the general health is being recruited, otherwise the liver, lungs, or other organs may become affected. The patient's apparent hæmoptysis may be occasioned by blood coming from the posterior nares. We will lay back the clothing and examine the chest, first as to its symmetrical developement; we notice there is more depression in the right infra-clavicular region than in the left. On the back we see the marks of previous cupping, which the patient says was donewhile he was in the army. Next we will auscultate, which is better done before percussing, and sometimes obviates the necessity of percussion. We find better respiratory action in the right lung than in the left, hence the preliminary observation might have misled us. The respiratory murmur of the left lung is not good, and the sound of percussion on that side is a little duller than that on the right. The patient is hoarse and has a cachectic appearance, and we diagnose the case as imperfectly healed pneumonia. Have seen sanguinolent expectoration in such cases. A tonic treatment is ordered, consisting of quinine, iron and iodide of potassa.

*Case III.*—I wish to recall to your minds a case which was present-you at the last clinic, which seems worthy of notice on account of its abrupt termination. The bodies of six of the dorsal vertebrae of the patient had undergone softening, and great tenderness was felt on percussion of the dorsal region. Cod liver oil, a tablespoonful; iron, one grain; and strychnia, one-twentieth of a grain, were the remedial agents which had been employed. The patient was suffering from pain in his muscles, and one-fourth grain of morphine was ordered to be given hypodermically when necessary to relieve him. The nurse undertook one evening to give one-half grain morphia hypodermically, but was unsuccessful in introducing more than half that quantity. The patient sent again for a second administration of the anodyne, but the nurse refused to give a second injection. At half-past nine in the evening the patient was asleep, at half-past eleven he conversed with patients near him, at half-past two he was sleeping all right, and between five and six in the morning he was found dead in his bed, no premonition or evidence of such occurrence having been apprehended. A post-mortem examination was avoided by the friends who took away the deceased before the medical officers were consulted, but I suspect that death was occasioned by the rupture of an aneurism of the descending aorta. The patient had a care-worn look, and suffered severe and continued pain in the back. Caries of the bodies of the vertebrae was produced probably by the pressure of the aneurism upon them. This case well introduces a very interesting specimen of a heart which, through the kindness of Drs. Potter and Taylor, I am able to present you. The patient came to me nine months since to inquire if he had got to die. There was entire absence of the radial pulse, and but a slight temporal one. An examination of the præcordial region showed that the first and second sounds of the heart were normal. The sternal region gave a purring, smart aneurismal thrill. Latterly the patient has had temporary paralysis from the lack of supply of blood to the right hemisphere of the brain. There was no difficulty in the diagnosis, and this specimen very excellently presents the peculiarities of the case, which are complete obstruction by fibrinous clots of the right subclavian and carotid arteries, with partial obstruction of the subclavian and aphthous deposit lining the aorta. The whole arch of the aorta is involved in an aneurism, which is found to have produced

caries of the vertebræ adjoining it. The heart is of normal size, and the valves are perfect, but a patulous and enlarged condition of the left common carotid artery exists, which may have tended to lessen the aneurismal indication in the heart's action.

PROF. EASTMAN'S SURGICAL CLINIC:

*Case IV.*—Stephen —, aged fifteen, has stricture of the urethra. Strictures of the urethra are of three kinds—spasmodic, congestive, and organic: of these the first and second are of limited duration, but sometimes change into the third, or organic form, in which the contraction of the urinary canal is permanently established. Permanent stricture results from injury to the perineal region, or more frequently succeeds repeated attacks of gonorrheal affections. In either case the inflammation which exists in the tissues about the urethra cause an effusion of plastic lymph, whereby the mucous membrane of the urethra is thickened, so that while its external diameter is increased, the internal urinary passage is diminished or entirely obliterated. The patient before you, received an injury producing laceration of the perineum, which has resulted in stricture. He has been under the charge of two of the city physicians, and now he has come to the hospital. Efforts to introduce a catheter have been unavailing, and the urine no longer flows, but comes away drop by drop. By percussion we determine that the bladder is not distended; and, by flexing the thighs, the tension of the abdominal muscles is relaxed. We make use of a steel sound, which we are at present able to introduce a little way into the stricture, as is indicated by the firmness with which the sound is embraced, and with this we expect ultimately to effect an entrance to the bladder. It is well to divert the attention of the patient while introducing a catheter, and thus avoid the spasmodic contraction of the muscular fibres of the urethra. Very slight pressure should be used in introducing the sound, else inflammation may be excited, which would at least delay our efforts at relief, and might cause still greater constriction of the urinary canal. Beyond the stricture, the urethra frequently becomes enlarged so as to form a *cul de sac*; and a former patient had a calculus two centimetres in diameter, removed by lithotomy from a sac thus formed. A patient under treatment, in the General Hospital, for the removal of stricture, is now able to wear a catheter one

hour in the morning, and another hour in the evening; and it is also expected, in the present case, that by the stimulus of continued mechanical pressure, the adventitious deposits will be absorbed, and by continued dilatation, the normal size of the urinary canal will be established.

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ART. II.—*Abstract of Proceedings of the Buffalo Medical Association:*

BUFFALO, Tuesday Evening, Oct., 5th, 1869.

The meeting was called to order by the President.

Members present,—Drs. MINER, DIEHL, ABBOTT, RING, WETMORE, ROCHESTER, TAYLOR and JOHNSON. Dr. F. W. ABBOTT, reported the following case:

Joseph Bachman, a mechanic, aged about 14 years, came to my office, Aug. 3d., and gave the following history of his case. One week before he was struck upon the left eye with an iron chip, which did not penetrate the ball, but fell to the floor. He immediately experienced an excruciating pain, with total loss of vision, which continued about an hour when the pain began to abate, and has not recurred with much severity. His vision was soon partially restored, but continued very dim, and he saw large black spots floating continually before his eye.

Upon examination I found considerable congestion of a section of the conjunctiva upon the temporal side, evidently traumatic in origin. The cornea was normal, the iris of natural color but strongly dilated, and completely immovable. Upon testing his vision with glasses, his accommodation was found to be completely paralyzed, and he had a hypermetropia of one-ninth, with vision of about two-thirds. I then examined him with the ophthalmoscope and found some hæmorrhagic effusion into the vitreous, which prevented a satisfactory view of the fundus.

Aug. 12th he came again. By this time the conjunctiva had resumed its normal appearance, the iris was still dilated, but responded slightly to the light, accommodation was partially restored, the hypermetropia was only 1-24th, and this being corrected his vision was 1. At one foot he could read No. 3 of Snellen. An ophthalmoscopic examination showed that the vitreous was clearer than it

was nine days previous, and a perfect view of the fundus oculis was obtained. The optic disc was normal. Near its lower and nasal side, (inverted image,) was a white line about one and one-half D long and from one-fourth to one-third D broad, (D diameter of optic disc, the unit of measurement in ophthalmic observation,) which I recognized as a rupture of the choroid. There were no retinal vessels in this portion of the field.

The point of peculiar interest in this case is the sudden and transient development of so high a degree of hypermetropia, which is not mentioned as occurring in any of the cases of rupture of the choroid upon record so far as I can learn. In the archives of Ophthalmology and Otology, Vol. 1 No. 1., Prof. Knapp, publishes a report of 12 cases of choroidal rupture which were observed by himself and 17 cases which had been described by others, which he says comprises all the cases upon record except two, but, in none of these is there mention made of a transient hypermetropia. The other eye was perfectly immetropic so far as I could discover without paralyzing the accommodation. What was the cause of this short lived anomaly of refraction which we have been taught to consider the result solely of an anatomical defect, I am unable even to conjecture satisfactorily, and hope to receive some light upon it by bringing the case before this association. I regret, exceedingly my inability to follow out this case farther, but in spite of reiterated promises to come again and report progress, my patient never returned after the second visit.

Dr. MINER spoke of the interest and rarity of such injuries of the choroid tunic of the eye ball. They are now believed to occur quite frequently from blows and other similar accidents, but the true nature of the lesion is often overlooked. These cases are doubtless much more frequent than would appear from reports, since these intra-ocular changes could not be recognised at all, until the discovery of the Ophthalmoscope, and are now only observed in the comparatively rare instances where the cases fall under the observation of a physician familiar with the use of the Ophthalmoscope, and the appearances of the normal *fundus oculi*.

In order to arrive at any conclusions in regard to the causes of the hypermetropia observed and described by Dr. ABBOTT, it would be necessary to reflect a moment upon the necessary changes in the

eye to produce this condition. If the eye is hypermetropic, parallel rays of light are focused beyond the retina, and Dr. ABBOTT has shown how the form of the globe is generally in fault in this condition of long-sightedness or hypermetropia; but there are conditions of the refracting media which may also produce this—the lens may not be of natural power, or the cornea may be defective in refractive power; or, as has been already pointed out, the globe may be too short in its antero-posterior diameter.

The concussion of a blow can hardly be supposed to change the form of the globe, or at least to lessen the antero-posterior diameter of the sclerotic tunic of the eye-ball. A blow might rupture the vessels of the more vascular and delicate choroid, causing effusion of blood or serum between it and the sclerotic, thus crowding forward the retina and producing hypermetropia; and this might also be temporary, disappearing gradually as the effused products were absorbed. This explanation would be quite satisfactory theoretically; but, if effusion had thus taken place, the ophthalmoscopic inspection should have shown it.

Escape of the aqueous humor, and the consequent flattening of the cornea, would also produce similar effects upon the rays of light, so that they might not be focused soon enough, passing to a point beyond the retina; but no such escape was noticed. Changes in the lens, in its power or in its place, would influence the rays of light. The lens was certainly more or less affected, as it did not accommodate to near objects. Paralysis of the ciliary muscle had been effected by the injury, and thus accommodation destroyed. Perhaps the explanation of the transient hypermetropia might be found in the diminution of the refractive power of the lens. Taking the premises as given, he could not, at that moment, satisfactorily explain the phenomena, but thought that it must have consisted in some of the changes indicated. The case was a very interesting and instructive one, and he felt under great obligation to Dr. ABBOTT for report of it.

Dr. ROCHESTER wished to report a case which was of interest pathologically, and also illustrate the dangers to which enthusiastic persons may be led, especially when their enthusiasm exceeds their knowledge. A gentleman in this city, who has been engaged in

different occupations, has a very fine laryngoscope which he delights to use, and is quite enthusiastic upon the subject of laryngoscopy. A patient who had been under his treatment, a man of forty-five years of age, came to my office and told me that the enthusiastic gentlemen above mentioned had examined his throat, and said he had a large swelling or tumor in his larynx, which rose and fell with his breathing. At the man's request I made a careful examination of his throat, but could find nothing abnormal, and became satisfied that there was no disease of the larynx at all. I afterwards examined his thorax and found a clear aneurismal thrill in the region of the arch of the aorta. The patient said that he was not surprised at the information, for he had been told by Dr. ELLERY SMITH, ten years ago, that he had heart disease. I called the attention of the laryngoscopist to the real condition of the case, but failed to convince him that the larynx was in healthy condition. A few days since the patient died; and I was present at the *post mortem*, which showed a healthy state of the larynx and trachea, but a large aneurism at the arch of the aorta. He died of angina pectoris in a fit of dyspnœa.

Dr. ROCHESTER, in speaking of prevailing diseases said that a peculiar kind of fever is said to be prevailing in the vicinity of Maple Street, commencing with intermittent symptoms, with severe pains in the back, and soon taking on typhoid symptoms and running a severe course, frequently fatal. Quinine does not seem to be beneficial. Adjourned.

T. M. JOHNSON, Sec'y.

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### ART. III.—*Enucleation of the Eye in Sympathetic Ophthalmia.*

By EUGENE SMITH, M. D., Detroit.

Much has already been written concerning the removal of the globe in Sympathetic Ophthalmia from traumatic causes, the propriety of which is well established; but very little has been said about Enucleation in Sympathetic Ophthalmia from other causes. Many have become totally blind, whose sight might have been saved had they fallen into the hands of a physician who had studied the subject sufficiently to estimate the danger, thereby knowing how

to successfully combat the disease. We cannot expect physicians in general practice to devote enough attention to diseases of the eye to become experts in their diagnosis and treatment; but we have a right to expect, and we sincerely hope that they will inform themselves well enough to treat, or to *leave alone*, the most dangerous disease.

When an eye from disease has undergone abnormal changes, its fellow-eye is particularly liable to be attacked by Sympathetic Ophthalmia, which is an alarming and intractable disease. Premonitory symptoms very frequently precede the outbreak. One of its earliest symptoms is *muscæ volitantes*, followed by great sensitiveness and intolerance of light, straining of the accommodative apparatus, severe ciliary neurosis, feeling of pressure and tension, frequent attacks of pain radiating over the head, and by episcleral congestion, with occasional attack of iritis, which often produces posterior synechia. The sympathetic excitation of the nerves, however, does not always lead to exudative iritis. In some cases the disease is only indicated, for a long time, by severe photophobia and incapability for use; or by photophobia, with periodical darkening, for a short time, of the visual field. Cases, also, occur in which a rapidly increasing amblyopia, with development of a glaucomatous excavation of the optic nerve, arises. The last named condition is most often seen in old persons, and is always connected with a decided increase in the hardness of the globe.

The indications for treatment are, the removal of the conditions that excite the inflammatory process, as well as the direct removal of the inflammation, and the accompanying disorders of the circulation, and of the nervous system.

Where the abnormal condition of the opposite eye points to that as the exciting cause, enucleation is not only justified but necessary, and in fact the only *sure* method of arresting the sympathetic disease, and should be practised at an early stage of the disease, otherwise its beneficial effects will not be obtained. Time should not be wasted in trifling experiments, which may be destructive.

The propriety of not undertaking the enucleation, except during marked symptoms of inflammation, has recently received much attention, because the operation has, in some cases, been seen to be of little or no use performed when the inflammation was at its



height ; it is, however, very unsafe, and even dangerous in the majority of cases, to wait for a marked omission. Absolute rest of the sympathetically affected eye should be strictly enjoined, with the frequent application of atropine in solution, or belladonna lotion.

The following case illustrates the benefit of enucleation performed early. Mr. M., aged 18, consulted me last March with regard to severe inflammation of the left eye, and symptoms of sympathetic participation in the other eye. The left eye was in a state of sclero-choroidal staphyloma, which first made its appearance six months previous, about which time he was first attacked with inflammation, the exact cause of which he did not know. He was treated by the family physician for three weeks without getting better, when his father brought him to Detroit ; and he was placed in the hands of a quack for treatment, who, it seems, succeeded in abating the inflammatory symptoms—not, however, until the globe had become partially staphylomatous. He returned home, and was for three months free from suffering, when, without any apparent cause, the eye again became inflamed, but was easily controlled. After this second attack, the exacerbations were frequent and easily excited. A few days before he called on me, he was struck on the eye with a stick, inflammation immediately set in, the staphyloma increased rapidly, and the well eye showed sympathetic symptoms, such as dimness of vision, photophobia, pain, &c. As those symptoms increased, he thought it time to consult an oculist. The right eye showed such marked symptoms of Sympathetic Ophthalmia, I advised enucleation of the globe of the left eye as the only hope for saving the other. Having already suffered severely, he gladly assented to the operation, which was performed in the usual manner. The wound healed kindly, the symptoms of irritation in the healthy eye soon disappeared, and the patient is now able to wear an artificial eye with comfort.

Ophthalmology has received too little attention from physicians in general practice ; and we hope the foregoing case and remarks will be of sufficient interest to impress the importance of the subject upon the minds of all under whose notice they may fall.

## Correspondence.

*To the Editor of the Buffalo Medical and Surgical Journal :*

DEAR SIR,—I, yesterday, received the September number (1869) of your Journal, postmarked Buffalo, N. Y. To whom I am indebted for this act of courtesy, I know not; but, as a *private* letter of mine to Professor JAMES P. WHITE is introduced on page 66 by that gentleman, and a criticism follows it by yourself, I infer that my thanks are either due to him or to you.

May I enquire what was the object in publishing that letter? Was it truly with the "*belief that every important advance in Uterine Surgery should be published to the profession?*" If so, then the object was legitimate and praiseworthy. But if that was the object, why italicize as "*extraordinary*" this sentence: "*If convenient I would like to see her.*" In Prof. WHITE's first letter, to which mine was a reply, he says: "*should you wish an examination, in case you advise excision, before undertaking it, she can come down and see you,*" and it was only in response to this suggestion that I expressed a wish to see her. And in his second letter, in his reply to mine, he writes: "*If my friend should be in Philadelphia during the coming year, I will request her to visit you, &c.*" Now, let me ask again, why distinguish this sentence? Besides, it is brought up again in your criticism in such an offensive way, and the general tone of your criticism is so significant, that the object of publication would appear to be, not so much a matter of science, as an attempt at personal obloquy. I am perfectly willing, however, in this instance, to let that fall on whom it may.

I will enclose to you copies of both letters of Prof. WHITE to me, and, as they are gentleman-like in tone, I hope he will consent to their publication, allowing me the same liberty of italicizing sentences, that he assumed in the publication of my letter:

"Buffalo, Aug't 16. 1869.

"Dr. W. L. ATLEE:

Dear Sir,—I have a friend 45 years old, widow, who has never been pregnant, in pretty good health, who has a fibrous tumor, *probably intra-mural*, of *ten or twelve years* standing, and now extending above the umbilicus. It is irregular in form, but I find *no evidence in manipulating that there are adhesions*, although she has suffered a good deal with *superficial abdominal cramps* and

pains—no hemorrhages or leucorrhœa. *The uterus is considerably enlarged, as shown by the sound, and crowded anteriorly.*

My object in writing is, in her behalf, to ask if you would advise extirpation? If you would like any further or more minute description, I shall be happy to furnish it. *Should you wish an examination, in case you advise excision, before undertaking it, she can come down and see you.* Mrs. F. is highly respectable and very well connected, and having a good home, would probably prefer the operation at home, in case you decide upon making it. In my opinion, *the uterus is so involved in the tumor that it would require to be removed at the neck.*

*Some friends of yours have advised Mrs. F. that you are removing tumors of this character, and I write at her request to ask if it is true?*

Should you not remember me, I will take the liberty of referring you to my friend, Dr. S. D. GROSS.

Awaiting your response, and with great respect, I remain,

Your obt<sup>d</sup> serv<sup>t</sup>,

JAMES P. WHITE."

"P. S.—Please enclose bill for fee for correspondence, and I will remit at once."

"Yours truly, J. P. WHITE."

To this letter of Prof. WHITE, mine, the "*remarkable letter*," published on page 66 of your Journal, was the answer. Now, before making a copy of his second letter, allow me to extract his statement at page 65 of the Journal, so that all may be compared:

"I should state that the letter is in reply to one addressed, a few weeks since, to Dr. ATLEE, stating that I had a patient of respectability and *wealth*, who had been informed by some *lay* friends of his that he was in the habit of excising fibroid growths of the uterus. It was stated in my communication to him, that the patient was forty-four years old, had suffered with this growth for ten or twelve years, that *she was now as large as the woman at term, (weight of tumor estimated at twelve or fifteen pounds;)* that it was hard in character, and that I could not determine whether it was intra-mural or only involved the uterus externally, but that it was not within the cavity of the organ; that the patient suffered little in her general health, had no severe hemorrhages or *pains*, and was anxious to know if he would relieve her of her deformity, and that I wrote at her request."

The second letter, in reply to mine, is in order:

"Buffalo, Aug. 25th, 1869.

"DEAR SIR,—Your letter of the 17th inst. is received.

*I entirely concur with the opinion that an operation is not advisable. Indeed I*

have always insisted with my patient that it was not a suitable tumor for removal, *involving, as it doubtless does, the uterus and its appendages.* Is it possible, my dear doctor, that you can expect muriate of ammonia to "disperse" a fibroid of ten or fifteen years standing, and which has attained a size of twelve or fifteen pounds?

My own experience would scarcely induce me to hope, by medication to promote the absorption of a much smaller tumor, especially if, as in this case, all the most reliable remedies had been already faithfully used.

Indeed my own experience and observation, both at home and abroad, had not induced me to suppose that the tumor which I described was removable. *It certainly could only be extirpated with the uterus.* My patient had, however, been much annoyed by being assured by some excellent friends (lay friends) of yours, *that you had frequently removed tumors of that character.* At her request, therefore, I wrote to ask the question, *well knowing the impracticability of the operation.* I am greatly obliged for your prompt reply and very moderate fee, which please find enclosed. If my friend should be in Philadelphia during the coming year. I will request her to visit you, and shall feel greatly obliged for any further suggestions in the case. In much haste. I am,

Truly yours,

JAMES P. WHITE.

WASHINGTON L. ATLEE, M. D.,  
Philadelphia.

In my letter, to which this is a reply, *I gave no opinion upon the propriety of an operation in this case. I could not do so without a personal examination. I also stated that I do remove certain Uterine Fibroids by the knife.* So that the word "*concur*" in his letter does not quite apply.

In both the letters of Prof. WHITE the italics are my own.

Now, Sir, read the whole correspondence between Prof. WHITE and myself, and I am sure that no gentleman can object to the tenor of it, or its perfectly respectful character. Prof. WHITE and I have a right to differ in our opinions, but that difference does not allow to you or to him the privilege of attempting to degrade a professional brother. If he has had as large an experience in the treatment of Uterine Fibroids as I have had with the muriate of ammonia, then I consider it very "*extraordinary*" that it does not tally with my own, and if he has had no experience with it, then I consider it still more "*extraordinary*" that he should question the *fact* as stated by me. I have also "*faithfully used all the most reliable remedies,*" and have long since settled down on *muriate of ammonia* as the only one deserving of any confidence. After a practice of forty years, with an experience in pelvic and abdominal surgery, perhaps,

not inferior to any member of the profession in the United States, I am ready to reiterate every word in that "*remarkable*" letter to Prof. WHITE; and let me further say, that as Mrs. F. has paid my fee for consultation, she is entitled to the benefit of such treatment until the propriety of an operation is decided upon.

With regard to the criticism, which follows the publication of my letter to Prof. WHITE, it is unworthy of notice. Before making another attempt at inditing so much nonsense, let me advise the critic to read up on the literature, and study the ethics, of his profession. For this advice, as it is to a member of our fraternity, *I charge no fee.*

WASHINGTON L. ATLEE,

1408 Arch Street.

Philadelphia, October 5th, 1869.

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## Miscellaneous.

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### The Internal Use of Carbolic Acid.

BY JOSEPH G. PINKHAM, A. M. M. D., of Lynn, Mass.

Since the first introduction of carbolic acid to the notice of the profession, as a remedial agent, in the early part of the present decade, many pages, I might, perhaps, say volumes, have been written, pro and con, upon the question of its therapeutic merits. And although in some respects its good qualities are pretty thoroughly established, in others it must still be considered as *sub judice*—a statement, forsooth, that might be truthfully made concerning every article of the *materia medica*, so uncertain is the greater part of our so-called knowledge, in regard to the action of drugs upon the human system, in health and disease.

The power possessed by carbolic acid, in common with several other allied compounds extracted from coal tar, of arresting the processes of putrefaction and fermentation, and of destroying the germs of organic life, or of preventing their development, is generally considered the chief basis of its therapeutic value; and it was the discovery of this power that prepared the way for its employment externally as a disinfectant, deodorant and preservative. The manifest success of its application for these purposes, led, very naturally, at a time when the minds of medical men were possessed by the notion of the zymotic or fungous origin of certain diseases, to its use internally. Who first thought favorably enough of the idea to put it into actual practice, it would be difficult now to ascertain. Probably the credit of originality is due equally to more than one observer. The editor of Braithwaite seems to ascribe it to Dr.

Keith, of Normandy, England,\* but in this he is widely mistaken, as will appear by the citations further on.

When administered internally, whether by the stomach, in the form of spray by inhalation, or as an injection to be retained, the remedy is always applied to a mucous surface, and from it absorbed into the blood. Hence there are three classes of effects to be studied. 1. The local effects upon the mucous membrane. 2. Effects upon the substances in contact with the mucous membrane. 3. Effects upon the blood and vital processes after absorption.

The local effects, when employed in very dilute solution, as, of course, it always is in the methods of administration mentioned above, are those of moderate and agreeable stimulation. It has been called a local sedative; and it certainly does allay nervous irritation, itching, &c. This may, however, be mostly a secondary effect of its chemical, or of its stimulant action.

Its effect upon the substances in contact with the membrane, whether mucous, pus, blood, the digestive fluids, aliment, fæces or other matter, are chiefly in the direction of arresting or preventing destructive chemical changes. In this way it prevents the formation of new substances which irritate the mucous membrane, and cause distress, or aggravate any existing derangement of function or condition. Its powers as a local alterative are, I opine, due mainly to this action.

It has been suggested that it might retard the process of digestion, when taken into the stomach with the food, by interfering with the action of the nitrogenized constituents of the digestive fluids. I have tested its influence upon the salivary and gastric fluids with respect to their peculiar action upon the food, in the manner described below.

*Experiment I.*—The fluids of the mouth were tested for sugar, and found to contain none, or only the merest trace. A piece of boiled starch, free from sugar, was held in the mouth for five minutes, filtered, and tested for sugar. A beautiful and decided reaction, showing its presence in large quantity.

*Experiment II.*—A portion of starch was intimately incorporated with an aqueous solution of carbolic acid, and held in the mouth for five minutes. Test, and result as in Exp. I.

*Experiment III.*—A piece of starch intimately mingled with a larger quantity of carbolic acid, as much as could be comfortably borne by the mouth, was subjected to the same process with the same result as in the other two experiments.

These experiments were repeated, with the variation of holding the starch in the mouth a much shorter period, from one half minute to a minute, with exactly the same result, except that the test showed less sugar to be present in each instance.

*Experiment IV.*—An artificial gastric juice was made by macer-

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\* Brathwaite's Retrospect, July, 1869, p. 26.

rating the stomach of a recently killed cat, in an ounce of water, acidulated with thirty minims of hydrochloric acid. This was filtered, and a clear, slightly yellow liquid obtained. Seven test-tubes of the ordinary size were then tightly fitted with corks, and into each one was put forty minims of the "gastric juice," and a small shred of beef. The shreds of beef were all, as nearly as could be judged by the eye, of equal size. To test tubes *a* and *b* no further additions were made. To *c* was added 1-24 minim of carbolic acid dissolved in water. To *d* was added 1-6 minim of carbolic acid dissolved in water. To *e* was added 1-3 minim of carbolic acid dissolved in water. To *f* was added one small drop of carbolic acid, taken up by a glass rod. To *g* were added two such drops. The whole were then placed at a temperature of 96° ad 100° F., agitated occasionally, and the result noted at the end of six hours, as follows:—

Test tubes *a* and *b*, meat completely digested; fine, red sediment at the bottom of the tubes; liquid above somewhat whey-like.

Test tube *c*, meat completely disintegrated; a few minute muscular fibres floating about undisturbed.

Test tube *d*, meat partially digested; solid fragments still undissolved.

Test tube *e*, meat digested to a less degree than that in *d*.

Test tube *f*, meat only slightly acted upon, shred remaining entire.

Test tube *g*, same as in *f*.

After the lapse of ten hours the meat in *d* was found completely digested. In eighteen hours that in *e* was nearly digested. In the others there was no further change apparent.

From these experiments, granting that the solution used in the last was a fair equivalent for the gastric juice, and that there has been no error of observation, we may, I think, deduce the following conclusions:—

1. Carbolic acid does not prevent, and probably does not retard, the conversion of starch into sugar by the salivary fluids.

2. When present in no greater proportion than one part in one thousand, carbolic acid does not interfere seriously with the solvent action of the gastric juice upon the nitrogenized constituents of food.

3. When present in larger proportion it interferes with this solvent action, according to its amount. The interference is decided when one part in three hundred and twenty is present; and the one hundred and twentieth part entirely prevents digestion.

From these deductions we may assume that, given in the ordinary doses of the acid, no impairment of primary digestion need be apprehended. When given in doses sufficiently large to retard digestion, the constitutional, poisonous effects will be developed, and overshadow the others. Still it is reasonable to suppose that given with the food for a long time, even in small quantities, it might have an unfavorable effect upon the economy, owing to the power which the experiments prove it to possess.

With reference to its effects upon the blood and vital processes after absorption, a grave question arises. Has it any injurious control over ultimate nutrition—over those processes of waste and repair which are constantly going on in the organism, and the due balance of which is essential to health? This question cannot be answered. It unfortunately belongs to that dark domain of ignorance and conjecture, vital chemistry. We can, however, safely assume that there is a *probability* of its possessing such control; and this probability, together with the conclusions arrived at from the experiments, seem to indicate, very clearly, a limit to the therapeutic usefulness of carbolic acid, when administered internally. But within this limit there is a large class of morbid conditions which, we should naturally conclude, would be favorably affected by its use. And there is not wanting abundant testimony (however valuable or valueless, it may be considered) to its efficacy. I make a few references in order to show the direction in which the testimony tends.

Dr. Godfrey, of England, advises its use internally for gastric irritability, the vomiting of pregnancy, flatulence from imperfect digestion, and certain forms of diarrhœa.\*

Dr. Kempton, of Utica, N. Y., has found it of advantage in a somewhat similar class of affections, such as sluggishness of the bowels with offensive breath, dyspepsia with eructations of gas, a yeasty condition of the stomach, diarrhœa from eating unripe fruit, &c. The doses in which he gave it were one or two drachms of a solution of one grain to an ounce of water, *pro re nata*. He also employed the remedy with success by inhalation for nasal catarrh with profuse, offensive discharges, and by gargle for sore throat in scarlet fever, diphtheria, and simple tonsillitis.†

Dr. Wolfe, of Aberdeen, believes it beneficial in all stages of phthisis, particularly for arresting hæmoptysis, allaying irritation, and arresting the profuse secretion in cases of chronic bronchitis and of cavities in the lungs, of laryngeal-phthisis and of colliquative sweats.‡

Mr. Blake, of Birmingham, deems it of very great use in whooping cough, given by inhalation.†

Dr. Andrew Clark, at the London Hospital, considers it valuable in the treatment of vomiting associated with fermentation and catarrh, given in one grain doses in pill; in hæmatemesis from gastric erosions, or ulcer, one grain dissolved in water, with a little spirit every two or three hours; in atonic cases of chronic gastric catarrh, where bismuth, silver, and the acids have failed, in quarter grain doses, much diluted, upon an empty stomach, to be preceded by two or three days' employment of bicarbonate of soda, with or without hydrocyanic acid; in water brash, grain doses with

\* Medical Circular, Dec. 17th, 1862.

† American Journal of the Medical Sciences. July, 1863.

‡ Med. Times and Gazette, Nov. 25. 1865. Braithwaite, Part III, p. 87.

§ Med. Times and Gazette, April 11, 1868.



opium and bismuth; in flatulence, for temporary relief, in grain doses, in pill; in chronic bronchitis, and bronchorrhœa, taken by the stomach in half grain doses dissolved in water, several times a day, and by inhalation of vapor produced by the addition of twenty drops of deliquesced acid to a pint of boiling water, or in the form of spray by the atomizer, one grain to six ounces of water; in certain forms of phthisis in which there is much secretion from bronchial tubes or cavities, and not much irritation, vapor from boiling water (spray cannot be used with safety in any case of phthisis); in oozing hæmorrhages from air passages, in diarrhœa accompanying the march of epidemic cholera, in mucous disease of the large intestine, given by inhalation.

Dr. Clark thinks the remedy of no use in cholera, and so far as his experience goes, of little value in fevers.\* It will be observed that his testimony in regard to its efficacy in phthisis is directly in opposition to that of Dr. Wolfe, on some points.

Dr. Fuller, of London, employs it in six or eight minim doses of the deliquesced acid for dyspeptic cases of the fermentative class; in scarlatina with sloughing throat; and in the form of spray in the early and advanced stages of phthisis, in laryngeal phthisis, chronic bronchitis, gangrene of the lung, and various affections of the throat. Solution five to ten minims to ounce of water.† He does not find that it exerts any controlling influence over typhoid and gastric (?) fevers.

Dr. Garraway places great reliance upon it in the vomiting of pregnancy. He gives drop doses three times a day.‡

Dr. Keith recommends it internally for scarlet fever, smallpox and measles. The therapeutical effects which he attributes to it are profuse perspiration; rapid lowering of pulse; reduction of fever; improvement of tongue and throat; increase of appetite, all after its use for twenty-four hours. He thinks it most useful in the early stages, but given afterwards it very much modifies the symptoms and carries the patient through the different stages more rapidly than any other treatment he has seen. He noticed that in some cases the urine appeared smoky, as if fine charcoal had been used with it.§ He prescribed the remedy in combination with acetic acid, laudanum, and chloric ether. For this reason it is difficult to know how much weight to give to his conclusions. A rigid criticism would certainly reject them altogether.

It is manifestly unreasonable to combine several articles of the materia medica, some of them of known potency, and some of them of unknown, and ascribe all the supposed effects to the unknown. To ascribe them to the medicine at all, may involve the fallacy of *quia post ergo propter*, but the course indicated above, too often, indeed, followed, tends to introduce a new and more alarming ele-

\* British Med. Journal, Feb. 13, 1869.

† British Med. Journal, Feb. 20, 1869.

‡ British Med. Journal, March 13, 1869.

London Lancet, Jan. 23, 1863. Braithwaite, Part lix. p. 26.

ment of uncertainty into the conclusions. We have too much of imperfect observation and false reasoning in therapeutics. Our periodicals are filled with statements of the efficacy of this or that drug in the treatment of that disease, and yet, as a rule, we distrust them all, for we have learned from experience how unreliable they are. The lines of scientific criticism have not yet been drawn closely enough in this department of medical research.

It will have been observed that the doses in which carbolic acid has been given by different experimenters, varies from one-eighth grain of the crystals up to eight minims of the deliquesced acid, in pill or solution, by the stomach, and from one grain to ten minims to an ounce of water, for inhalation. My own dose ranges from one minim to three, three times a day, or oftener if required, by the stomach, and from one minim to five to the ounce of water for inhalation. I prefer to give it always in largely diluted aqueous solution. The taste can be to some extent masked by a little lemon juice or cinnamon water. Dr. Fuller, who uses the largest doses of any one who has written upon the subject, has noticed faintness follow occasionally the long-continued application of the spray.\* I have several times noticed dizziness and faintness following the use of three minim doses taken into the stomach, in dilute solution. I consider that three minims should be the maximum dose. We ought not to lose side of the fact that carbolic acid, like other potent medicines, is a dangerous poison; that it has proved fatal in more than one instance when applied as a wash to the whole surface of the body in some skin diseases; and several times when taken internally.

It would be difficult to state the smallest amount that could prove fatal to an adult. I should tremble for the safety of a patient who had taken half a drachm, or even twenty minims, in however weak solution.—*Boston Med. Journal.*

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### Nervous System in Disease.

DR. LOUIS A. TOURTELOTT read before the Oneida County Medical Society, at its last meeting, Oct. 11, a carefully prepared paper entitled "The Nervous System in Disease," of which the following is an abstract:

#### THE NERVOUS SYSTEM IN DISEASE.

He began by saying that the time had long gone by when medical service was built upon any single theory, and its practice governed by rules derived from that theory. Homœopathy now stood alone as a pretended philosophy of disease, and a system of practice strictly deduced from theoretical principles. It was because legitimate medicine rejected any such narrow and fictitious bases that it could

\* Loc. cit.

not accept the name of allopathy on any other exclusive term. But he did not intend to state that medicine had been for more than a century without accredited principles. It was, in fact, the heir of all the ages in this respect. He then notices briefly the principal theories which have had their rise and fall in the history of medicine, and traced their influence upon the present doctrines and practice. The theories of humoralism arose more than eighteen hundred years ago; and bleeding, their chief contribution to practice, had but just now been discarded. The rise of natural philosophy had given origin to physical theories of disease, and to new modes and new instruments of physical exploration. Again, the brilliant discoveries in chemistry had given chemical principles the lead in theory, and new methods of analysis, and new chemical compounds were added to the medicine.

But it was to a later direction of medical thought that he wished to call their attention. The relations of the nervous system to physiology and pathology were now being closely studied, and there was a constantly growing belief in their importance. Many symptoms and many disorders which before had been differently classified, were now considered nervous. Several of these were cited, and important papers in medical journals were referred to in proof of the change going on.

The causes of this tendency to attribute more and more to the functions of the nervous system, were then traced. The chief cause was found in the great advance lately made in the minute anatomy and physiology of the nervous system. This was illustrated at length, from the discoveries of Brown, Sequard and others. Another cause was the more definite idea attained of the vital force and its relations with the physical forces. It had been demonstrated that the grand central function of the human organism, the functions of nutrition, to which all the others are merely accessory, was purely vital. Thence proceeded the modern idea of disease as a deficiency simply of vital force.

The changes in medical theory and practice in accordance with these views, were then described. It was admitted that the most of the numerous remedies which had been devised to act chemically upon the system, had not answered their purpose. This was because the merely chemical changes in the human body were non-essential, or at least secondary. But such remedies had been too often excessively used. On some fanciful idea of their chemical action, the most deadly poisons had been recklessly experimented with, to the great prejudice of health. This point was illustrated at length, by reference to several popular remedies. The fallacy of the theories which had suggested them, and their baneful or negative effects, were pointed out. The more satisfactory explanation of the action of certain valuable medicines afforded by the nerve theories was also given. Finally, a resume of the views set forth in the paper were as follows:

1. The nervous system, being the special organ of all that is pe-

culiar and most essential to the human organism,—its purely vital actions—should have the highest place in medical study and observation.

2. Imperfect and perverted nutrition—changes in the primary cells, being the starting point of disease, the main efforts of the physician should be to supply the essential condition of this process.

3. Chemical and mechanical views of disease, having led to the excessive use of drugs whose chief quality is to depress the powers of the nervous system, and to delay or prevent vital changes, deserve the severest criticism.

4. All substances which are essentially devitalizing, and those which are purely stimulant only, should be cautiously employed, and for the shortest possible periods of time.

5. As in the language of an American author, “the most unwarrantable of all experiments are those involving human health,” the free experimenting with poisonous drugs in general practice, should be strongly condemned.—*Utica Herald*.

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### A Case of Compression of the Spinal Cord by Dr. William L. Baldwin.

A young man aged about thirty-five, an architect by profession, applied on the 22d of last March (1869) for professional advice stating that five years since he was taken with a sneezing fit which produced the following results, viz: A temporary paralysis of the whole system, an excruciating pain through the chest with a great difficulty of respiration and a peculiar pain shooting through the arms, more especially the right.

This continued for the space of ten or more seconds, when some one of his friends (who were in the room with him) noticed his distress and moved him from his fixed position, thereby throwing his head forward, when the paralysis left him, and with the exception of a certain numbness in the upper extremities, and the pain or rather soreness about the chest, he felt quite comfortable.

After a day or two all the unpleasant symptoms had passed off, the patient enjoyed good health, sleeping well, a good appetite and in fact was never better in his life.

Since which time whenever his head is thrown suddenly backward, he experiences the same sensations, as before described, and after a short time a flacid tumor about the size of a walnut makes its appearance to the right and below the *vertebra prominens*, which in connection with a stiff neck continues for several days, after which he has his usual good health until a recurrence of the attack.

He informs me that he averages two of these attacks in the course of a year, and at no time has it caused him to be absent from his work for more than two or three days. When about fifteen or sixteen years old he was troubled with fits, which from the description given me by his father, appear to have been epileptical in form.

"These, however, (to use his own language he outgrew," and has had no return of them for several years.

He never remembers to have received an injury of any kind which could in the least have any bearing upon, or cause this difficulty in the vertebral column, and with this sneezing fit before alluded to, this peculiar train of symptoms clearly indicative of compression of the cord made their first appearance. When the head is again thrown forwards, after one of these attacks, the compression ceases, and with it all the symptoms, with the exception of pain, or rather soreness and stiffness of the neck, which may be looked upon as an effect of the graver symptoms, showing conclusively, that the compression is but temporary. Upon close examination I find no displacement of the vertebræ or of any of the processes, everything appears to be *in situ*, and except when the head is thrown suddenly back, the patient is *free from* all of this trouble.

Thus far I have endeavored to give the circumstances connected with the case, its history so far as learned, the peculiar train of symptoms produced, etc. Now, however, it becomes necessary to assign some cause for this temporary compression.

Several physicians, to whom I have related the case, have advanced explanatory theories, as detached spiculæ of bone, bony exostosis, compression and engorgement of the spinal veins, etc., but to my mind none of these reasons are either satisfactory or applicable to the case, for the compression is but temporary and does not produce any spinal irritation, therefore the substance, be it what it may, that produces this pressure is soft and somewhat elastic.

To account for it, I have theorized after this manner: that there is a portion of the intervertebral cartilage partially detached and somewhat wedge shaped, and that the edge of this wedge is toward the anterior portion of the body; then, the head being thrown back (the vertebræ moving with it,) the posterior portions of their bodies are brought nearer into opposition and cause these two hard bodies to press upon this partially detached cartilage, which, from its shape and elasticity is forced outwards and backwards, and impinges upon the cord, thus producing the pressure, the result of which is temporary, for as soon as the head is carried forward, the pressure which forced this cartilage out is withdrawn, and it very naturally falls back into its normal position.

This to me appears to be the most rational mode of explaining the cause of this difficulty.—*Utica Herald*.

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### Papacy and the Medical Profession in Rome.

A correspondent of the *Philadelphia Reporter* gives the following in explanation of the low state of medical science in Italy:—

In 1862, during a residence of several weeks in Rome, I spent considerable time in investigating its hospitals and other public charities, as well as the condition of the medical profession and

modes of practice in that city, some account of which appeared in the columns of a medical journal published in New York. While its hospitals would do honor to any city, for grandeur and appropriateness of structure and completeness of internal arrangements as well as the kindness and assiduity of the masses, and faithful devotion, the duty of their medical attendants, I found no *esprit du corps* in the medical profession, no medical journals, or medical societies, and indeed very little intercourse among medical men. Medical practice was, probably, about the same as it was one hundred years ago; and, on inquiring further, I found that medical societies were not permitted, or meetings of any professional men, for political reasons; and here I thought I found the cause of the languishing state of medical science in the Papal city. I learn from recent information that, on the 7th May last, the medical and surgical practitioners of Rome received a special "circular" from the "Congregation of Health," inclosing a copy of the dispatch addressed by the Cardinal-Vicar to the President of the Board, styled the "Sacra Consolata." The object of this dispatch is to remind the Board, *by order of the Pope*, of the canons which regulate the administration of the Lord's Supper to the sick, and especially to call attention to the "constitution" laid down by Pius V. bearing the title "Super gregem." In this enactment it is ordered "that no physicians or surgeons shall visit a sick person after the third day of his illness, *unless the invalid shall have called in his confessor, or there exists some reasonable ground for making exception.*" This "constitution," it is added, was revived by Benedict XIII., at the council held at Rome in the year 1725, with the additions under Clause XXXII of the "Pœnit." And "in case the physician or surgeon continue his visits after the third day, the sick man not having made his confession in the interim, he shall be visited with the penalty of the major excommunication, or *"Latac Sententiæ,"* exclusively vested in the Sovereign Pontiff and local bishops, and *may likewise be punished with very severe penalties.*"

I am uncertain whether it is the patient or the physician who is to be punished, but, as I understand it, it is the latter. I may, however, be mistaken.

Such are the rigid proscriptions with which the Cardinal-Vicar requires the medical practitioners in Rome minutely to conform. The Papal press alleges that this revival of an obsolete injunction shows a pious concern for the salvation of souls; but surely it is a great infraction of individual liberty, constituting the medical attendant into an inquisitor, as regards his patient's conscience, and depriving the latter of medical aid should he neglect or decline to confess to a priest! It is this domineering, inquisitorial spirit which characterizes Papal sacerdotalism in Rome, which interferes with the progress of science there, and the enlightened spirit of the age, and which especially depresses and discourages the medical practitioners of that city. L.

### Rupture of Uterus.

By request, the following very interesting case is furnished by Dr. C. E. Parker, a practitioner of thirty years experience, late from Beardstown, Ill., and now (having retired from the profession) a citizen of our own city:

Was called August 9th, 1862, at 2 o'clock P.M., to visit Mrs. R., residing about twelve miles from B. Mr. R. stated she had been in labor during the night, in charge of a neighboring midwife, who at noon reported "a portion of the child born, and something wrong." Arrived at 3½ P.M.; found the patient upon her back, in nearly a sitting position, chest flexed upon the abdomen; lower limbs drawn up. She reported her labor as having been very severe up to 11 o'clock, at which time, after a very violent expulsive effort, "something seemed to give way; all pain ceased, and a strange sickening sensation followed." The head of the child protruded at 9 o'clock A.M. On manual examination, found a mass of material protruding, consisting of child's arm, a portion of placenta, and a large mass of something which I never met with before. On ocular examination, found a large mass of the intestines protruding from the vulva; the partially expelled placenta was easily withdrawn; the hand cautiously introduced, the intestinal coils pushed up before it; found the child in the abdominal cavity; the left foot directly under the liver at its upper portion; the right on the opposite side of the abdomen; cautiously drawing them together, version was gradually produced; the arm slowly returning as the feet were drawn down. The body of the child was extracted readily, but the head brought down a large mass of the intestines, which were with difficulty returned and retained. On minute examination, found a rupture of the uterus on its left posterior lateral portion, the rupture extending through the os tincæ and a portion of the vagina. Allowed her to remain in the same position until all drainage had ceased, then placed her in a horizontal position, hips much elevated, and applied bandages and compresses, calculated to prevent further protrusions of the intestines, and ordered them to be kept saturated with cold water. Gave an opiate, and left her, supposing the injury in itself sufficient to produce death—my manipulations making that result only more certain. The next day Mr. R. called upon me to visit her again. My engagements, the distance, and extreme heat, prevented. Gave him a note to Dr. P., a very worthy and scientific practitioner, residing only three miles from the patient, requesting him to visit her and do all in his power to make her comfortable. On the 12th, received a note from Dr. P., desiring me to meet him at Mr. R's. Found her quite comfortable, and desirous of sitting up. The question for decision, the admissibility of a cathartic. Examined, could detect the fissure in the vagina and os tince, but the union seemed firm, but little abdominal soreness, and no pain, except when turning in bed, which the temperature, 98° above, rendered frequently necessary. The carthartic operated kindly, and

she was up and about as early as in her six previous labors. Some-time during 1865, she was safely delivered of a child without assistance, save what was rendered by neighboring women. This fact is vouched for by a lady who knew them intimately, and had seen the child repeatedly. I learned this but a short time since, they having removed to a neighboring county some distance, and I having left B. and the profession. In its first phase I consider the case unique; in its second, I have never heard its parallel.—*From Report on Obstetrics in Transactions of Illinois State Med. Society.*

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### Naval Discipline.

The Navy department has lately promulgated in general orders the result of a general court-martial, convened at the Washington Navy Yard, for the trial of Passed Assistant Surgeon, Charles L. Greene. The finding of the said court is not only of great interest to the medical staff of the service, but to the profession at large. It carries with it a selfish and partial exemplification of a principle which those who may have a desire to enter the navy as surgeons should gravely contemplate. The following were the charges:—

“*First*—Treating with contempt his superior officer while in the execution of his office, in dissenting, while on board the United States steamer, Nipsic at Aspinwall, from an order to take a seaman off the sick list.

“*Second*—Disobeying a lawful order of his superior officer in thus refusing obedience.

“*Third*—Conduct unbecoming an officer, the specifications being that he was intoxicated and behaved in a manner unbecoming an officer in the town of Aspinwall.”

After an *impartial* examination into the facts of the case, by an *impartial* jury, the surgeon was found guilty of the first two. The doctor had conscientiously refused to take a seaman off the sick list, because, in his opinion as a medical man, the said seaman was physically incapable of performing his duties. He dared do this despite the order of a line officer who was his superior in rank, and who, the charge specifies, was at the time “in the execution of his office.” This order is also particularized as a lawful one, hence the contempt of authority which entitled the unfortunate surgeon to a trial.

The result of the trial clearly implies a divine right on the part of a line officer not only to be superior in rank to the surgeon of his ship, but also his superior in medical knowledge. The profession have been prepared to hear of anything in the shape of indignity being heaped upon the friendless ship-surgeon, but we imagine that this new interpretation of discipline will be rather startling. A medical gentleman has not an enviable lot in any community; it is generally summed up in hard work and poor pay, but he has



reason to believe that his knowledge of his profession always associates with it a respect for his medical opinions. By the common consent of civilized communities his judgement in his special department is at a premium, and none of the laity, so-called, deem it safe from their standpoint of knowledge to question its integrity. Everywhere, save in the naval service of the United States, a medical man is supposed to know the most of medical science, and to be the best judge as to physical ability or disability.

The names of the gentlemen composing the court material do not appear, but it is quite evident, from the decision arrived at, that the majority at least were made up from members of the line. Indeed this is the only way of explaining the verdict. Nothing but that bitterness of hate which the line bears towards the staff could have prompted a decision so contrary to the ordinary dictates of common sense. But after all, what is a naval surgeon? His rights to be even a gentleman are only conceded to him out of gracious courtesy, and by and by he will not dare to hold a medical opinion, except by express command of his superior officer.

After having been declared guilty of the first two charges and specifications, the court sentenced the surgeon to be suspended from rank, on furlough pay, for the term of two years, and to be publicly reprimanded by the Honorable Secretary of the Navy, the order reprimanding him to be read to the officers and men of each naval station and vessel in commission.

On examination of the evidence, and after considerable deliberation, Secretary Robeson approved the finding of the court. With an attempt to show a charity towards the poor offender, the Honorable Secretary let him off with a simple reprimand in general orders, but the excuse for doing even this is perhaps more remarkable than the actual sentence itself. "Thus learnedly and eloquently spoke the judge:"—

"The sentence of the court is not unsuited to the offence of which the accused was found guilty. Disobedience of orders is under any circumstance a serious offence, and when committed deliberately by an intelligent officer, under a claim of right, must tend greatly to the subversion of all discipline. I am inclined to think, however, from the evidence, that the disobedience complained of in this case was the result of a mistake of judgement in regard to professional rights and duties, rather than of a deliberate intention of wrong. Mistakes of this kind rarely require a severe, and never a disgraceful punishment, and the previous good character and conduct of Mr. Green entitled him to the benefit of whatever doubt there may be on this subject, and to the consideration of the reviewing authority. The sentence of suspension from rank on furlough pay for the term of two years is, therefore, remitted, and this order is published as the reprimand provided for in the sentence and it will be read accordingly."

A more emphatic and explicit endorsement of the spirit of any sentence, just or unjust, could not have been imagined. Coming as

it does from the head of the Department, there is virtually no appeal. Obedience of naval orders implies to the naval surgeon who is graciously named an "intelligent officer," the right of possessing no judgement whatever in regard to professional rights or professional opinion when the requisite order comes to him from his superior. If a man is hereafter ordered to be taken from the sick list, no matter what his state may be, he must become well at once, and fit for duty, otherwise there will be "a subversion of all discipline;" and if the surgeon, as the lawful custodian of the health of the ship, has reason to believe that the patient is physically incapable, and for the sake of the sick one refuses to say that he is well enough to attend to his duties, the offence against discipline is the more flagrant because the surgeon is called an "intelligent officer."

Our readers have had, we trust, a tolerable idea of the position of a naval surgeon on shipboard. He has relatively been a nobody; but now he is a positive nonentity. He has been merely a creature of the coldest sort of courtesy; but now he has no right as a medical man to have even a medical opinion independent of his commander.

There have been forcible arguments to prove the necessity for absolute staff rank in the navy; but the definition of professional rights by this naval court-martial makes a claim stronger than all the rest. The framers of the Naval Staff Rank Bill, with all their knowledge of the rights which might be claimed by the line, could not have dreamed of the necessity of defining purely professional prerogatives. Surgeon Green, by the noble stand he has taken for his profession, has demonstrated to them the necessity for such an additional provision.

We have taken occasion to remark on this matter of naval discipline for the purpose not only of heartily endorsing the conduct of Passed Assistant Surgeon Green, but of keeping the profession at large informed as to the indignities suffered by their brethren in that branch of the service. It would seem that the good offices of our profession are not very much needed in the navy. But we must not mourn over this. In every other sphere the properly educated and "intelligent" medical man can be respected, nay, honored; can command an influence in proportion to his professional acquirements, and, if hard pinched, can, by dint of industry and frugality, gain a livelihood. It may, after all, in time be proved that the profession can do better without the help of the navy than with it. It certainly seems so at present. In the army, however, the treatment of the medical officer is so different that one would hardly believe the two branches of the service to belong to the same country. It is this later circumstance, we imagine, which can explain why the army has so few vacancies in the medical corps, and the navy so many. This disparity must inevitably continue to be greater as the antagonism of the line towards the staff becomes more generally understood and appreciated.—*New York Med. Reporter.*

## Editorial Department.

### Dispersion of the Uterine Fibroids—Literature of the Profession— The Advice of Dr. Washington L. Atlee.

Dr. ATLEE, of Philadelphia, very kindly advises us to examine the literature of the profession upon the dispersion of Fibroid Tumors; and we will accept the suggestion, with the view that our readers may also like to know the opinions of the profession, Dr. ATLEE maintaining, dogmatically, that medication—muriate of ammonia—will sometimes disperse such growths. There is nothing in our profession more important for us to understand than every possible method of dispersing fibroid growths. If medication will do it, it is quite time our standard authors are aware of it. In a recent work upon Diseases of Women, by Prof. HODGE, we find on the 454th page, speaking of these fibrous tumors, the following paragraph. We read it with astonishment, since he is a neighbor of Dr. ATLEE's, and would be the more likely to know his experiences, and the general fact that medicine would sometimes disperse these growths. "Medicines, in these cases, are of no further use than to maintain the healthy functions of the organs of the economy, and to impart tone to the system; as resolvents, they are not to be trusted." It may be well to state in passing, that this author speaks of Dr. ATLEE's "boldly resorting to the scalpel, with all its immediate and remote dangers;" and does not seem ignorant of any important facts concerning fibroid tumors; and yet, strange enough, muriate of ammonia, is not mentioned at all—and operative interference is mainly, if not in all cases opposed.

Leaving Philadelphia, we will go down to Chicago and see if they sometimes disperse uterine fibroids with muriate of ammonia. Dr. BYRORD says: "These organized growths are engrafted upon the system, and are supported by the same processes of nutrition, that other parts of the body are sustained by; so that no special medical treatment exercises much influence over them." Says: "The profession are not agreed upon this point. A certain number of remedies are credited with curative effects upon almost all sorts of tumors, and among them uterine tumors. Iodine, I think, stands at the head of the list." He mentions mercury next—speaks of alkalis, soda and potassa, but does not even mention muriate of ammonia—does not seem to know that it will disperse these growths. Says: "When it is remembered that these tumors disappear, so far as we can judge, spontaneously, and that they are interrupted in their growth by trifling and inappreciable mechanical causes, there will be room to doubt whether the above mentioned medicines have any effect upon them. I have not learned anything favorable to them in this respect."

The recent literature of the profession in Chicago points unfavorably both to dispersion and the ammonia; and we will pursue the inquiry to New York. Prof. T. GAILLARD THOMAS, M.D., in his recent work on the Diseases of Women, says:—"Whether their absorption can be excited by any medicines at our command, is very doubtful. Tumors have, in certain instances, been known to disappear while

drugs have been employed, and perhaps they did so in consequence of their use. But no such effect can be looked for with any confidence. Indeed, with our present experience, such a result must be regarded as decidedly exceptional.

SCANZONI, after advising those medicines, [not mentioning muriate of ammonia] which are most popular as stimulants of absorption, says: "We do not remember a single case in which, with the means indicated, or with others, we have obtained the complete cure of a fibrous body; and if, in various quarters, fortunate cases of cure are cited, we must, if the tumor has really disappeared, doubt the accuracy of the diagnosis as to the fibrous nature of the malady. We even believe that it is not possible by therapeutic means, by baths, etc., to obtain a sensible diminution of a real fibrous tumor."

Dr. WEST speaks of Iodine and Mercury as having been recommended for causing absorption of fibroid tumors. He regards Iodine as promising most, and uses it with yearly lessening faith in its efficacy, "in a very large proportion of cases no effect whatever has appeared to follow its administration." Nothing said of muriate of ammonia.

GRAILY HEWETT, of London, says: "We know of no means whereby the formation of these tumors can be prevented, and when they are of large size, we know of no means whereby they can be made to disappear, short of a surgical operation."

We had supposed that we were tolerably well informed upon the subject of uterine fibroids—that our own personal experience was quite adequate for the formation of an intelligent opinion, and also, that we were quite familiar with the literature of the profession on this point, however, since examining recent authors by the advice of Dr. ATLEE, we wonder, a thousand times more, that he should gravely announce that such growths are sometimes dispersed by medication. If he really believes this, he is entitled to all due consideration, for doubtless he has had large experience in such diseases. He will, however, be generous enough, after noticing the statement of the above authors, to let those of us who have had abundant opportunities for observation, believe, if we must, with SCANZONI, and doubtless very many others, "that it is not possible, by therapeutic means, by baths, etc., (by muriate of ammonia, etc.,) to obtain a sensible diminution of a real fibrous tumor, especially if of large size, "of ten or twelve years growth, and weighing twelve or fifteen pounds."

As we cannot pursue our examination of this point further at present, we will hurriedly inquire into the therapeutical value of muriate of ammonia in this respect, though it will be noticed that no one of the authors quoted mention it. In Stille's Therapeutics and Materia Medica, we find it spoken of as having been supposed to be useful in very many diseases, as having been usefully substituted for Mercury and Iodine, and as having influence in various ways, and by a variety of modes of application, but we find nothing here or elsewhere, at all to the point so far as the dispersion of fibroid tumors is concerned. We were astonished at the assertion that fibrous tumors were sometimes dispersed by medication. Our surprise was increased by the suggestion that muriate of ammonia would do this, and we intimated our unbelief in sufficiently obvious terms. Dr. Atlee regards this as unworthy reply, and most graciously recommends us to the literature and ethics

of the profession. Will any of our readers be surprised that we received Dr. Atlee's announcement with astonishment? two of the most "remarkable" propositions which could have been made in uterine surgery. We had partially recovered from the surprise, when in his communication in the present number, he repeats the sentiment, and intimates that the literature of the profession sustains him, or that, at least, it might do us some good to examine it.

If muriate of ammonia will disperse uterine fibroids, it is a good thing, and time the recent authors make some mention of it; it is an item of intelligence which may well be circulated in medical journals, and which we venture the opinion will pass as news with the great body of the profession. "Unworthy of notice." Thank you, sir: that is the opinion we entertained of the original propositions. It is quite unbecoming a reasonably well employed man, to spend time in discussing a subject upon which there is but one side, and consequently we made no "criticism"—simply said, the propositions contained in the letter were absurd, and gave them little notice—do not now think them worth notice, with all due regard, however, to the high professional character and standing of Dr. ATLEE.

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### Death of Prof. James Hadley, M. D.—Meeting of the Members of the Medical Profession.

At a meeting of the members of the medical profession, convened on account of the death of Prof. JAMES HADLEY, M. D., Prof. JAMES P. WHITE was called to the chair and remarked, as follows: I am most profoundly moved in making the announcement of the death of a venerable and most highly respected member of the profession, Prof. JAMES HADLEY, who died October 18th, at his residence in Buffalo, aged eighty-four years. Nearly forty years since I had the pleasure of listening to his able course of Lectures on Chemistry in the then flourishing college in Fairfield, N. Y., in connection with over two hundred fellow students, and from that period to the present have known him well, with daily increasing respect and veneration. Dr. HADLEY was also Professor of Chemistry in the Geneva Medical College, and always proved himself a most able, scientific, successful and popular teacher, from whom very many of the older members of the profession in the State of New York have learned Chemistry. In his favorite branch of medical knowledge he was unsurpassed in merit, yet without pretention, without show. He came to Buffalo later in life, but has never been idle in his department of the profession. A more blameless man I never knew; kind, generous, noble-hearted and true—under all circumstances incorruptible; an honor to his profession, to humanity and the world. It is fitting that we make note of the departure of a man of such excellence and purity, of such eminence and worth, and resolve to copy his example and imitate his virtues. He has departed in the full ripeness of mature age, and we are called upon to notice and profit by the close of a complete life.

Dr. ROCHESTER said that the remarks of Prof. WHITE were so full and appropriate, that there was little left for him to do but to corroborate them. He, too, had

personal reminiscences of Prof. HADLEY extending over a period of five and twenty years, both when he was an academic and a medical student. Prof. HADLEY always secured the respect and esteem of his pupils to a very marked degree. He was confided in by them to such an extent that his arbitration, counsel and advice were usually sought for by them in their various troubles and perplexities; and it was always given in such a just, warm and cordial way, that he was generally spoken of as "Father" HADLEY—in a sense as respectful as it was affectionate. After his retirement from active professional life, Dr. HADLEY devoted much of his time to floral and fruit culture, pursuing it with a keen pleasure, engendered by an innate love of the beautiful. A great part of the labor of his little farm-garden was performed by his own hands; and to this out door exercise, to his regular and methodic habits, and to his gentle and equable disposition, his longevity may in some part be ascribed. Dr. HADLEY never spoke unkindly of any one; he was naturally reticent, his words were few and to the point, but always without a sting. During his long and painful illness (enlarged prostate) he never murmured. With his eye on the distant land, steadfast through faith, he was ready and willing to go, but not impatient. He died in his eighty-fifth year. He was born in Weare, N. H. To the last his tall form was stalwart and unbent—he was like a granite column from his native hills, and like granite in truth, right and integrity, but here the simile ceases; he was guileless as a child, and his heart was gushing with the milk of human kindness. Dr. ROCHESTER then moved the passage of Resolutions appropriate to the occasion.

The committee to whom was assigned the duty of preparing resolutions offered the following, which were unanimously passed:

*Resolved*—That, in the demise of this venerable and highly venerated member of the medical profession, the World of Science has lost an earnest, ardent and most conscientious representative; and the community at large, a citizen who, by his pure, blameless and most exemplary life, exerted an influence for public and private good wherever he had lived or was known.

*Resolved*—That the memory of this able, just and good man is to be deeply cherished, and his unostentatious virtues to be emulated.

*Resolved*—That, while we condole with his family in their bereavement, we unite with them in thanks to Almighty God for the length of days vouchsafed to him, who was truly His servant.

THOS. F. ROCHESTER,  
G. F. PRATT,  
J. S. TROWBRIDGE,  
B. T. WHITNEY.

It was also voted: That the profession attend the funeral in a body, and wear the usual badge of mourning.

JULIUS F. MINER, Secretary.

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### Location of the proposed State Insane Asylum.

We have no doubt all our readers, and all intelligent fair-minded men, will at once see the fitness of the location selected by the Commissioners who were appointed by the Governor for this purpose. We understand that Buffalo was the

unanimous recommendation of the commission. This is creditable in the highest degree; the more so when we remember that the men who composed the commission were representatives of towns all anxious for the new institution, and all liberal in offering suitable sites for this purpose. A little reflection will satisfy every one that Buffalo is really the only place which could be recommended to the legislature with any unanimity, though all the towns offering sites are in themselves beautiful, attractive and healthy.

The location of such an institution is a matter of great importance; and if the site had been selected upon any other than the most liberal and high-minded principles, it would prove to Western New York and vicinity an irretrievable loss. The recommendation of the commission shows the wisdom of the Governor in his selection of men. They were all alive to the claims of their respective places, and doubtless see reasons why their own towns should receive the location above any other, but still they were not blinded by prejudice—they were not demoralized by party—they had no political or personal ends to gain—they were honest, fair-minded, intelligent citizens, and were anxious only to promote the general good. If many more of our public interests could be committed to such guardianship, better for the State and vastly better for the people; but, alas! politicians and men who desire and hold office are made of different stuff.

The wise liberality of the Common Council of the city of Buffalo is also worthy of notice. With great unanimity of purpose, and without any of the usual divisions and oppositions, the commission were invited to select a suitable place, at the expense of the city, not exceeding \$50,000, the city to furnish the same with ample supply of water perpetually. This was all that could be asked, and it was cheerfully and unanimously granted.

It is believed that the recommendation of the commission will meet the hearty approval of all interested, and that the next legislature will show the same liberality in furthering the object that all parties thus far engaged in the enterprise have manifested.

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### Criminal Abortion.

Dr. IRA D. HOPKINS, of Utica, offered to the Oneida County Medical Society, at its last meeting, Oct. 11th, the following preamble and resolutions on the subject of criminal abortion, which were adopted unanimously:

WHEREAS, We, the members of the Oneida Medical Society, are cognizant of the fact that the crime of procured abortion is existing to an alarming extent and fearfully growing in all classes of society; and, whereas, we know well that abortion is the sacrifice of human life, and that the period of time when procured does not diminish the atrociousness of the crime; and, whereas, it is apparent by the homicides which are continually occurring in our city and county, that we, as respectable, conscientious medical men of the said city and county, are called to let the public understand our moorings in respect to this, one of the most gigantic evils of the day; therefore, be it

*Resolved*, That the members of the Oneida County Medical Society are willing and desirous to co-operate with all organizations in using every means to diffuse a knowledge of the turpitude of procured abortions, which is so generally regarded by all classes as without a shadow of guilt, and resorted to by very many who would tremble at the thought of taking human life.

*Resolved*, That we, the members of this society, acquiesce in the opinion of the most eminent, profound and learned of our profession, that the fœtus is a living being from the earliest period of gestation, the destruction of whose life is as heinous a crime as infanticide, and that those who produce its death are murderers.

*Resolved*, That it is the duty of every member of this society, not only positively and firmly to decline, when applied to for this purpose, but to put forth all his influence to hinder its completion, by showing its criminality, and disabusing, as far as possible, the false belief, which is so prevalent respecting the life of the fœtus.

*Resolved*, That this society will not admit nor retain in its fellowship, any physician or surgeon who shall be known to practice this iniquitous business, nor even those who treat this subject with so much indifference that they sanction rather than discountenance the crime.

## Books Review.

### *Transactions of the Medical Society of the State of Pennsylvania, at its Twentieth Annual Session, held at Erie, June, 1869.*

Of the proceedings of the Society, the most important items are the resolutions of Prof. Gross upon medical training of nurses, and resolutions of a committee of the American Medical Association upon medical education, one of which reads as follows :

*“ Resolved.* That this association earnestly requests each State Medical Society to appoint annually, one or more Boards of Examiners, composed of five thoroughly qualified members, whose duty it shall be to meet at suitable times and places, for the examination of all persons, whether graduates or not, who propose to enter upon the practice of medicine in their respective States, except such as have been previously examined and licensed by a similar board in some other State.”

Other resolutions follow, going to establish independent State Boards of examiners, and ignoring the diploma as evidence of a medical education.

This matter of “resolutions” upon the subject of medical education is about “played out.” It reminds us of the showmans Tiger—“The Royal Tiger of Bengal—born in the wilds of Arabia and fed on the milk of a goat,” which repeated for the ten thousandth time becomes tiresome to every one who makes long visits to his Royal Tigership. However, some good may come of resolutions, provided none of them are ever put in practice.

Educating nurses is, also, all very well, provided when educated a very little, they do not resolve themselves into a society of female practitioners who would not understand nursing, but would know all the “profound mysteries of the healing



art." We are in favor of educated nurses, but we think in the present reign of equal-rights, nothing could be depended upon from them in the way of nursing, but everything might be expected as practitioners of medicine and surgery.

This volume contains an interesting and instructive address from the President, John Corwin, M. D., also a valuable report on intemperance as a disease.

JOSEPH PARRISH,  
EDWARD WALLACE,

WM. B. ATKINSON,  
JAMES KING,

JACOB PRICE.

Committee.

Papers on admission of patients into Insane Asylums; on Inspection of Drugs: Rupture of the Uterus; Use of Stimulants by the profession, and description of a new instrument for treatment of Lateral Curvature, together with reports of County Societies, comprise the volume. Its papers are highly creditable to the authors and to the Society, and we regret that space does not permit more extended notice.

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*Meyer's Medical Electricity.* Translated from the German. By  
WILLIAM A. HAMMOND, M. D. D. APPLETON & Co., New  
York, 1869.

In examining this book, with the view of giving our readers some idea of its scope and value, we have turned over unread, the first chapters of the work, and propose only, at present, to examine what the author says of electricity as a curative agent, since this is the subject of first importance to practicing physicians.

He says, in substance, that electricity has been employed with success in medicine, surgery and obstetrics.

The diseases in which electricity has shown itself most efficacious are those that attack the nerves, and those that depend upon anomalous secretions and excretions.

"In the chirurgical art it has achieved results not less satisfactory, and has won an important and permanent place, not only in consequence of the application of electro-thermic processes in galvano caustic operations, and of electro-chemical processes in the cure of varices and aneurisms; but also in the influence of the electric current, as scientifically established and practically confirmed, in the dispersion of exudations and tumors." The Editor remarks, in this connection, "a point of great interest, and diagnostic importance, is the use of the electric current in discovering the locality of a metallic body which has been forcibly projected into the system," and, in illustration, relates how Nelaton determined that the rifle-ball was still in Garibaldi's ankle. The author mentions several operations theoretically possible which have been experimentally proven, such as the solution of calculi in the bladder, and the removal of poisonous metals from the system, but have been practically utilized in but few cases.

In obstetrics, finally, the electric current has been applied, by the English, to excite the activity of the parturient efforts, and to arrest metrorrhagia, and more recently by the French to overcome version and prolapsus of the womb.

The treatment of neuralgia is mainly with the electric pencil, the physiological

action of which, he says, is probably the same as in all epispastica, namely, reflex, which, however, has the advantage over the other epispastic preparations in common use, in the suddenness of the intense pain it excites, and the facility with which the pain may be renewed. Many cases are published in detail, showing the effects of electricity variously applied, in neuralgic affections, which, when grouped and considered, leave upon our minds no very high opinion of the efficacy of this agent, always ourselves disgusted with moxa, however applied.

Cases of Anæsthesia, deafness, impotency, spasms, paralysis, locomotor ataxia, incontinence of urine, lead paralysis, etc., etc., are related in which satisfactory results were obtained in remarkable cases of articular and rheumatic exudations. Suppressed secretions and excretions are reported cured by electricity, under the observation of the author. Space prevents our giving further detail of the cases presented or the claims instituted for electricity as a curative agent. Upon one other subject, however, we must remark a word. Concerning the dispersion of tumors, the author says: "Attempts were some time ago made to remove, with the electric current, infiltrations in lymphatic glands, goitre, ganglia, and similar swellings," and then proceeds to mention the physicians and describe the growths removed, and closes by saying: "A. Becquerel, however, and others, maintain that electricity has no influence whatever on glandular swellings."

In reply he says: "I am able to oppose this opinion decidedly. I will now report two cases, in the first of which I dispersed an infiltration of lymphatic glands of the size of a hens egg, while in the second case I reduced to a minimum the greatest tumor probably ever treated with electricity." He applied to a tumor of stony hardness in the neck, the size of a child's head, electricity for several years, making two hundred and seventy-three applications in all, and when the treatment was finished, the transverse diameter of both sides of the neck differed hardly two inches.

We have examined the work mainly to ascertain what practical suggestions it contains, what the author really claims for electricity as a curative agent. He claims considerable, and hopes for yet greater results. We have mainly held the same opinion of electricity expressed summarily by A. Becquerel, substituting disease in place of glandular swellings, but perhaps this is too sweeping, for it appears from the author, and by many others, a powerful agent, rightly and perseveringly applied. This author is worthy of careful study, for certainly he has presented the whole subject in unexceptionable manner. The translator, also, has done a real service to the English profession, both in thus presenting to them the views of the German author, and by notes and additions, greatly increasing the value of the work.

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*A Treatise on the Diseases and Surgery of the Mouth, Jaws and associate parts.* By JAMES E. GARRETSON, M. D., D. D. S., with steel plates and numerous wood cuts. J. B. LIPPINCOTT & Co., 1869.

Our author gives first, the Anatomy of the mouth and face, and introduces several well executed wood cuts which illustrate the appearances and the relation

of parts. He then describes Dentition and its associate lesions, though this last he does not regard as coming strictly within the scope of a work on surgery. Upon this subject he says: "In the first place we have to remark, that the process of dentition, while a physiological one, is yet like that of utero-gestation, one of continuous irritation. Of the meaning of this word irritation, every surgeon and every physician has, in his mind, quite enough reminiscences. Irritation, then, is the matter of consideration in all and every of these associative lesions, if, happily, in such cases, we could exactly appreciate and exactly control such irritations, we should of course abort or resolve the result. It is not, however, by any means to be estimated that all infantile diseases are influenced by, or indeed even remotely associated with dentition. Mistakes of this nature are quite too frequently made, and infants are tortured, and in many instances have the existing disease, aggravated, by the lancing and cutting which follows." After a very sensible and well considered article upon this subject, he proceeds to describe the "Anomalies of second dentition and their Surgical Relations," and passes to the teeth, their diseases and the means of cure. He also introduces chapters upon Anæsthesia, general and local, the glands, gums, caries, necrosis, tumors of the mouth diseases of the Antrum of Highmore. Neuralgia, wounds of the mouth, Ozena, fractures and dislocations of the maxilla, operations upon the lips and cheek, aphthæ, diseases of the tongue, palatine defects and their treatment, both surgically and with obturators, and lastly, exsection of the maxillary bones. The author does both himself and his subjects most ample justice, and the work must prove very valuable to both the dental and medical professions; practitioners of both will be instructed and greatly assisted by its teachings.

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*The Science and Art of Surgery.* By JOHN ERICHSEN. From the fifth enlarged and carefully revised London edition, with additions by JOHN ASHURST, M. D. Philadelphia: HENRY C. LEA, 1869.

This edition of Erichsen's Surgery comes to us in so much enlarged and improved form that we did not at first recognize it as Erichsen's Surgery; however, upon careful inspection, we find a revision and enlargement of the old and justly popular work. It embodies the surgery of the present day as well as the teachings of former times, and is so comprehensive in its scope that it may be said to be a complete practical guide for students and practitioners.

This edition of the Erichsen's surgery is also made vastly more valuable than former ones, by the addition of illustrative cuts, nearly seven hundred of which are scattered through the work, thus rendering the text more forcible and much more easily understood. These representations are so perfect that they are only to be seen to more fully impress upon the mind the nature and appearances of many diseased conditions than could possibly be done by pages of written description. The work contains near thirteen hundred closely printed pages, thus affording a complete description of nearly every important surgical affection. It is also eminently a practical one, and evidently designed to afford the practition-

er a safe and reliable guide, and the student of surgery a comprehensive and complete text-book. The science and art of surgery are combined in proper proportions to meet the wants of the student, as well as the necessities of the busy physician.

Correct diagnosis in surgery is of the very first importance; and the author of this book appears to be fully alive to this fact, and throughout the whole work has not only given the symptoms of each affection, but also the symptoms and appearances of other diseases with which it is liable to be confounded, as well as all the means by which they may be known from each other. Perhaps, in this respect, it is unequalled by any book on surgery of its scope and design. Certainly in this, as in other respects, it is very complete; and, we have no doubt, will continue to be a great favorite with both medical students and practitioners.

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*Treatment of Lachrymal Affections.* By Professor ARLT of Vienna. Translated by JOHN F. WEIGHTMAN, M. D. LINDSAY & BLAKISTON, Philadelphia, 1869.

It appears that Professor ARLT, noticing at the Ophthalmological Congress held in Paris, the various views prevalent as to the treatment of Lachrymal Fistula, has written a pamphlet upon the subject, and as illustrating the subject has introduced cuts which assist greatly in understanding the text. The translator says: "By following the rules laid down by him, the lachrymal probe may nearly always be introduced with ease and safety, where previously the introduction was attended with much difficulty."

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*Lindsay & Blakiston's Physician's Visiting List for 1870.* Philadelphia.

We have to acknowledge the receipt of LINDSAY & BLAKISTON'S Visiting List for 1870, a pocket companion now regarded as indispensable by nearly all physicians, especially those practicing in the cities and larger villages. It has the usual table of contents, now too well known to require mention, and appears in its usual excellent tuck binding and tasty finish. It is for sale by all booksellers, and may generally be obtained of, or through druggists.

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### Introductory Lecture Notice.

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The lecture introductory to the regular course of lectures in the Buffalo Medical College, will be given Wednesday evening, Nov. 3d, in the college amphitheatre 7½ o'clock, by Prof. JAMES P. WHITE. Members of the medical profession, and all ladies and gentlemen interested in the present *status* of the science of medicine and surgery are invited to be present.

J. F. MINER, Dean.

## Books and Pamphlets Received.

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**The Mechanism of Dislocation and Fracture of the Hip, with the reduction of the Dislocations by the Flexion Method.** By Henry J. Bigelow, M. D., Professor of Surgery and Clinical Surgery in the Medical School of Harvard University; Surgeon to the Massachusetts General Hospital, etc. With illustrations. Philadelphia, H. C. Lea. For sale by T. Butler & Son.

**The Pathology and Treatment of Stricture of the Urethra, and Urinary Fistulae.** By Sir Henry Thompson, F. R. C. S.; Surgeon Extraordinary to the King of the Belgians. Professor of Clinical Surgery and Surgeon to University College Hospital. From the third and revised London edition. With Illustrations. Philadelphia, H. C. Lea. For sale by Breed & Lent.

**A Handy Book of Ophthalmic Surgery for the use of Practitioners.** By John Z. Laurence, F. R. C. S., M. D., (Univ. Lond.). Surgeon to the Ophthalmic Hospital, Southwark. Ophthalmic Surgeon to St. Bartholomews Hospital, (Chatham). Editor of the Ophthalmic Review, etc., etc. With Illustrations. Second American Edition, revised by the author, Philadelphia, H. C. Lea. For sale by T. Butler & Son.

**Sleep and its Derangements.** By Wm. A. Hammond, M. D. Professor of Diseases of the Mind and Nervous System, and of Clinical Medicine in the Bellevue Hospital Medical College; late Surgeon-General U. S. Army, etc., etc. Philadelphia, J. B. Lippincott & Co. For sale by Breed & Lent.

**A Course of Practical Chemistry, arranged for the use of Medical Students.** By Wm. Odling, M. B., F. R. S., Fellow of the Royal College of Physicians; lecturer on Chemistry at St. Bartholomews Hospital. With Illustrations. From the Fourth Revised London edition. Philadelphia, H. C. Lea. For sale by T. Butler & Son.

**The Principles of Naval Staff Rank; with its history in the United States Navy for over half a century.** By a Surgeon of the U. S. Navy. 1869.

**Transactions of the Thirteenth Annual Meeting of the Illinois State Medical Society, held in Chicago in May, 1869.**

**Luxations of the Hip and Shoulder Joints, and the Agents which oppose their Reduction.** By Moses Gunn, A. M., M. D. Professor of Surgery in Rush Medical College. Second Edition. Chicago, 1869.

**Glaucoma.** By Henry D. Noyes, M. D. Professor of Ophthalmology in Bellevue Hospital Medical College. Surgeon to the New York Eye and Ear Infirmary.

**Electricity as a Means of Diagnosis, with a tabulated statement of five hundred cases treated mainly by General Electrization.** By A. D. Rockwell, A. M., M. D. New York.

**Printed Blanks for the Tabulated Statements of Hospitals for the Insane.**

**Rules for the course to be followed by bystanders in case of injury by Machinery or by Railroad.** Prepared by John H. Packard, M. D., Secretary of the College of Physicians of Philadelphia.

**Catalogue of the Medical Publications of Johannes Alt. Frankfurt an Main.**

**Hitchcock's Musical Magazine.**

BUFFALO  
**Medical and Surgical Journal.**

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NOVEMBER, 1869.

No. 4.

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Original Communications.

ART. I.—*Abstract of Proceedings of the Buffalo Medical Association :*

TUESDAY EVENING, Nov. 2d, 1869.

The President and Vice-President being absent, Dr. JAS. B. SAMO was made Chairman of the meeting.

Members present—Drs. SAMO, LITTLE, GAY, WHITE, ROCHESTER, TAYLOR, BARNES and JOHNSON.

The minutes of last meeting having been published in the JOURNAL, their reading was dispensed with.

Dr. E. R. BARNES read the following paper :

*Gentlemen*,—I present the following report of a case from memory, because it involves some points of interest. It is not an example of good surgery.

In the care of the case, I was associated in a subordinate capacity with a medical gentleman now deceased.

In the month of June, 1866, a boy about fourteen years of age, in stepping from a Brooklyn ferry boat, had his foot caught between the projecting deck of the boat and the dock, or bridge, as it is called.

This bridge has a concave face, corresponding to the convexity of the bow of the boat. In coming in to its dock, the boat generally strikes the bridge a little obliquely, coming into full contact with it only at one point and then more slowly settling into full

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co-aptation, or, rebounding from the first shock, being drawn into position by chain and windlass.

Had the foot been caught at the point of full contact, it must have been crushed and comminuted by the vast weight of the boat; but from the nature of the injuries sustained, it would seem this was not the case.

Upon examination a few hours after the accident occurred, the foot was found to be swollen and the cellular tissue infiltrated. The foot appeared somewhat shorter than natural, the curvature of the instep was increased, the phalanges were drawn slightly upwards, the metatarsal bones were inclined somewhat inwards. There was a depression over the cuneiform bones, and a laceration through the cellular tissue on the plantar surface of the os-calcis, from which there was a moderate drainage of discolored serum. The temperature of the foot was cool but not cold. It had been immersed in cold water. Reaction soon occurred, and it assumed a natural degree of heat. There was but slight discoloration.

Without going further into details of symptoms, I will state that a subsequent dissection of the amputated limb showed the following conditions. There was an oblique fracture of the first metatarsal bone near its tarsal extremity; the remaining metatarsal bones were fractured obliquely near their phalangeal extremities. There was a dislocation downwards of the three cuneiform bones. The remaining bones of the foot, ankle and joint, and lower part of the leg, were without injury, according to my recollection. There was no comminution of bone.

From the above description, it would seem that the foot was compressed in its long diameter, the toes being turned upwards, and the metatarsal bones borne downwards towards the heel, carrying with them the cuneiform bones. But the foot was not caught at a point of full contact between the boat and deck, or there would have been comminution as well as fracture.

The surgeon in charge determined, unfortunately, as the result proved, to attempt to save the injured member. It was accordingly placed on a pillow, the wound was left open to allow drainage, and the foot was enveloped in cloths wet with tepid water.

On visiting the patient in the evening of the next day, or the day after, (I do not remember which,) the leg was found to be much

swollen up to the knee; the skin was tense, and there was a dusky discoloration of the skin extending upward on the inside of the limb from the ankle. The patient complained of a sensation of burning heat at points. Incisions were made through the skin and cellular tissue; but, on the next day, it appeared that the tissues of the leg were extensively involved in rapidly spreading traumatic gangrene, and there were symptoms of much constitutional disturbance. The cellular tissue even above the knee was a little œdematous.

Amputation being now inevitable, the surgeon in charge, in accordance with the advice of Dr. Frank H. Hamilton, performed the operation through the knee joint, leaving the cartilaginous surfaces of the joint intact. The boy quickly rallied after the operation; but an inch and a half of the anterior flap sloughed off, exposing the joint surface to the action of the air. The flaps could not be approximated. A dark spot soon appeared on the face of the outer condyle. The space between the flaps was in time filled up with granulations.

But in the meantime a new complication arose. The patient was attacked with acute pain in the extremity of the stump, occurring at first in paroxysms of brief duration, which came on at nearly the same hour of each day, I was informed. These attacks increased in frequency and intensity, and the stump became swollen and very sensitive to the touch and to motion. The hypodermic injection of morphine controlled the pain, and alone enabled the patient to endure his sufferings. With the lapse of time, the granulating surface showed no disposition to cicatrize, but continued the source of an unhealthy sanious discharge.

Under these circumstances I called upon the surgeon in charge to enquire as to the propriety of re-amputation, but did not receive a favorable reply. A week or two later I called again upon the same errand, but was told that the heat of the weather still rendered delay advisable. I could not coincide with this opinion, and feeling that the patient would be benefitted by such a course, I left the hypodermic syringe with the father, who was familiar with its use, and ceased my visits.

Dr. Louis Bauer subsequently assumed charge and promptly amputated.

The remaining history of this case is taken from the report, in



the *Medical Record*, of the New York Pathological Society, at a meeting held January 19th, 1867, Dr. Frank H. Hamilton in the chair. Dr. Bauer presented the specimen under the caption, "Ostitis of lower third of thigh bone, and partial detachment of epiphysis, succeeding amputation at the knee." The patient had suffered eight weeks when he came under his care. He says: The discharge was copious and of a sanious character, the epiphysis (when exposed by the knife) was black, corroded and soft, with but fragments of articular cartilage loosely adherent. The epiphysis, moreover, was evidently loose, and might have been detached without much effort. The subcrurian bursa was slightly distended with fluid. Occasionally the stump would be shaken by spasms of the most painful character. An early amputation of the diseased limb was deemed advisable. Whilst he was under the influence of chloroform, and being prepared for the operation, the stump was still so tender that a gentle touch produced lively reflex tremor. The amputation passed off without any remarkable incident, except there was copious bleeding from the medullary cavity. The periosteum was but loosely adherent, and so much changed in torture, that consecutive troubles of the bone were apprehended. Nevertheless, the wound closed rapidly by first intention, and the patient was about on the fourteenth day.

In reviewing the specimen soon after being removed and longitudinally divided, we found it exhibiting both hyperæmia, intensified by hæmorrhagic depositions, and hyperplasia towards the epiphysis; the articular substance is notably densified, while the periosteum is internally covered with osseous dements—the creation of new bone. On the surface of the bone similar rudimentary attempts are observable. The cartilaginous connection between the shaft and its epiphysis was materially changed in thickness and consistence. Its spontaneous eruption was effected by a maceration of twenty-four hours.

The case may attract more surgical than pathological interest. The injury being limited to the lower part of the leg, left the thigh bone intact. Its diseased condition accrued from the exposure of the epiphysis to the action of atmospheric air and purulent maceration, and thence extended to the shaft. It would seem as if the amputation at the preferred point, under the preceding circumstances, was rather ill conceived, inasmuch as the covering of the stump

had to be taken from parts in close proximity to tissues already mortified, and themselves perhaps more or less vitally depressed. Irrespective of this, however, a query arises, whether an amputation at the knee joint before puberty is at all judicious. Dr. Markoe has the merit of having prominently urged this amputation on account of its statistical superiority. The cases adduced in its favor include, if I am correctly informed, two children. The closing of their stumps met with no protraction. I doubt the practicability of so general a rule. From my own experience I infer that there can be no direct union between the flaps and the articular cartilage; the latter has to undergo some prior structural changes, which must protract the cicatrization. While thus suppuration and the formation of granulation tissue is going on, the epiphysis is exposed to the corroding or macerating influence of pus, irrespective of atmospheric air, and may eventually become necrotic. In its turn, secondary amputation would seem to be inevitable. Other surgeons must have had clinical experience to that effect, hence they have suggested abscission of the articular face. I would suggest the revision of the arguments of Dr. Markoe.

Dr. Hamilton asked if the objection of Dr. Bauer to the operation at the knee joint in children, on account of the liability to separation of the epiphysis, would hold good in regard to other joints.

Dr. Bauer stated that he would raise the same objection.

Dr. Sands said that he had operated in two cases on children. Both had done well, notwithstanding that, in one of them, the soft parts used for the flap had been injured and had partly sloughed, while there was besides suppuration in the joint cavity, and exfoliation of the articular lamellæ.

Dr. Bauer was in favor of removing the cartilaginous surfaces of joints in these cases, because: (1) of the liability of the cartilage to become detached, and give rise to dangerous inflammation; and (2) because the whole epiphyseal extremity might become detached, as the results of some morbid process, and death ensue. But the question was an open one.

Dr. Hamilton said that most surgeons held a different opinion, because they thought it less dangerous to leave a cartilaginous surface than to run the risk of inviting an attack of osteo-myelitis by invading the tissue of the bone itself.

Dr. Wood agreed with Dr. Hamilton on this point, but had no experience in amputation at the knee joint.

Dr. Bauer stated that amputation at the knee joint in children had been performed but very few times, and that more experience was needed to fully settle this question.

The discussion terminated at this point.

The above case presents an instance of injury to the foot, followed by traumatic gangrene, and amputation through the knee joint in a lad of fourteen years. There followed disease of the epiphysis and shaft of the thigh bone, with re-amputation and prompt recovery. As exhibiting an interesting series of phenomena, and as eliciting the opinion of a number of eminent surgeons on a question upon which comparatively little has been written, I have thought it worthy of presentation to the society.

Dr. ROCHESTER said that he would take occasion to state, in this connection, that in his opinion there are physicians who use cold applications too generally and too indiscriminately to wounded and inflamed parts. He here related the following illustrative and instructive case:—I was called to Niagara Falls, nine or ten years ago, to see a patient, a lad of sixteen years, who was thrown from the steps of an omnibus into the wheel, producing dislocation at the ———, and severe contusion. I saw him a week after the accident, and found him pale, weak and feeble, and learned that the attending physician had assiduously kept cold application to the limb. Believing, from the condition of the patient, that the cold applications had been injurious, I advised that warm applications be substituted, the good effects of which were soon apparent. The patient made a good recovery. I believe he would have died if the cold applications had been continued for twenty-four hours longer. The application of warm water to sprains is, in my opinion, better practice than the application of cold. Typhoid and typho-malarial fever was reported as prevailing. Dr. ROCHESTER said that he had seen an unusually large number of cases of practice. Had seen six cases within a few days among children from four to ten years of age. Had also seen adults suffering from the same disease. Had treated the first class of cases with doses of one grain of calomel, followed by from four to six grains of citrate of potassa, three times a day.

Had also given anodynes where they were indicated. Had not given quinine, and did not think it generally useful in these cases.

Dr. WHITE said jaundice, in almost every case, is not a disease, but a symptom of a disease. It does not indicate a diminution in the normal amount of bile secreted, but that there is some obstruction to the passage of this fluid into the intestine. I believe that in a majority of these cases, the obstruction is caused by irritation or inflammation of the mucous membrane of the duodenum, at and about the orifice of the ductus choledocus, of sufficient severity to close that orifice and prevent the escape of the bile. Spasmodic closure sometimes also occurs. But if I give cathartics now, they are of the mildest kind. I see no good reason for giving mercury. The alkalies are sufficient. I believe that the less we give active cathartics the better. Counter irritation over the region of the duodenum are beneficial. Give the blandest kind of food. Moderate anodynes are applicable, especially in spasmodic closure. I see no objection to quinine, although it cannot be strictly considered a malarial disease.

Dr. ROCHESTER said that he concurred with Dr. WHITE as to the pathology of jaundice; that it was caused by an obstruction to the free flow of bile into the intestine, and that this obstruction was most frequently produced by inflammation of the mucous membrane of the duodenum. He used calomel not as cholagogue but as a sedative, and he found the relative action of the drug to be induced, sometimes, by small, and sometimes by large doses. He also maintained the fact that the cholagogue action of calomel had been questioned, and that there were some who denied that it had any such action, although, for his part, he did not support this theory.

Dr. BARNES mentioned a case which had continued four weeks, under the use of anodynes, alkalies and external applications, which finally became much aggravated, the pulse being very weak, the food vomited, the bowels constipated, and much pain experienced. Immediate relief to all the symptoms was experienced in this case from a large dose—x x grains of calomel. The patient recovered without the use of further medication. Before commencing the anodyne treatment, laxatives had been used with temporary benefit.

Dr. GAY stated that a committee of European physicians, appointed for the purpose of investigating the effects of preparations

of mercury, reported that they do not increase the secretion of bile, but, on the contrary, diminish it.

Dr. ROCHESTER asked if any member had been appointed to prepare a paper on a given subject, to be read before the society. He also said that, when members had accepted such appointment, he thought they should consider themselves bound to read their paper at the meeting designated, and that it would be well for the members generally to read up the subject of the paper, in order that the discussion following the reading might be more instructive and interesting.

Dr. WHITE thought that the Secretary should see that a paper was prepared by some member for each meeting, and that the subject indicated should be written on the notices of the meeting sent to the different members. He moved that Dr. ABBOTT be requested to prepare a paper on some subject in his special department, to be read before the society. Seconded and carried.

Adjourned.

T. M. JOHNSON, *Sec'y.*

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## ART. II.—*Medical and Surgical Cases occurring in the Sisters of Charity Hospital.*

Reported by W. W. MINNEN, A. B., Member of the Class.

### PROF. EASTMAN'S SURGICAL CLINIC :

*Case V.*—A child, aged seven months; parents live in Canada; has doubly cleft upper lip and palate, and is introduced to the hospital by Dr. Storck. The middle portion of lip and bone intervening between the fissures, is triangular in shape, being connected at its apex with the parts above, and measured at its base one-half of an inch in breadth. It projects forward from its normal position, three-fourths of an inch, and is separated laterally from the superior maxillary bones by fissures three-fourths of an inch in breadth, which completely divide the palatal arch. I have never seen sutures connecting an inter-maxillary bone in the human subject, but such a bone exists in some orders of animals. In the present case it is proposed to relieve this deformity, which is seen to be remarkably great, by the approximation of the parts of the upper lips. This involves the removal of the inter-maxillary portion of bone, which, in its forward projection, resists any depression of the parts. The pal-

ate is so widely separated that no attempt will be made for obtaining the union of its parts, though the operation called staphyloraphy is more often performed at present than formerly. Prepared specimens of infant and fetal crania exist, showing an inter-maxillary bone, but they are seldom met with. The age of the child, seven months, is favorable for the operation, which should in all cases be made as soon as the loss of blood incident to its performance can be sustained. The child is enveloped in a sheet, and anæsthesia, more or less perfect, produced. The edges of the parts of the lip involved in the fissures are well trimmed with the scissors, or sharp pointed bistoury, the intervening bone removed with the forceps and the lip separated for some distance from its attachments beneath, so as to distribute the tension over a greater surface when the parts are united by the pin suture. Juxtaposition of the parts of the lip is nicely made, and the patient placed in the hospital ward until the result of the operation is determined.

*Case VI.*—Mrs. H——, aged forty-three, was brought before the class and operated upon by Dr. MINER, who, at Dr. EASTMAN'S request, remarked that the tumor of the breast, which we now show you, has the symptoms, history and appearances of malignant or cancerous disease. It is hard and movable, about two inches in diameter, and has grown within the last five or six months. It is not tender on pressure, but severe lancinating pains pass through it and the breast, so as to disturb, sometimes to prevent, sleep. Respecting the nature of cancerous growths, there is a diversity of opinion among the profession, some maintaining that they are primarily constitutional in character, perhaps hereditary in origin, and that the excision of growths thus caused does not retard their progress or delay the fatal termination. Others believe that the affection is a local one, and that the system is secondarily affected. In the early stages of cancerous growths, it is proper to remove them but after they have made considerable progress, they are apt to reappear after excision. A cancerous cachexia is often recognizable, which forbids surgical interference; and clinical experience shows the folly of late excisions. I am of the opinion that tumors which are cancerous, are so from the beginning, though microscopic examination may not reveal it; and, upon careful weighing of evi-

dence, I believe that benign growths do not degenerate into malignant ones—the matter still, however, remaining an open question among pathologists. In excision, better remove considerable of the surrounding healthy parts than leave any affected tissue to necessitate a repetition of the operation. I have a case where cancer has been removed three times, and though with no more apparent thoroughness in the succeeding operations than at first, still it has not yet returned, a period of four years having elapsed since its last removal. I have also removed growths which had progressed to open cancers; but it is better not to interfere with them. Electricity has been vaunted as able to effect the absorption of tumors, but I have never seen any satisfactory results at all, obtained with this agent; the experiments, however, may not have been sufficiently thorough. The growth having been removed, it presents in appearance an outer fibrous structure enclosing within a colloid substance, mostly clear and of honey yellow color. As to the microscopic appearance of this substance, we are at present unable to speak; but if this is malignant in character, it will probably prove actively so. It is impossible to determine as to the malignancy of these growths in their early stages before operating; and, I may add, that after their removal, it is also often quite difficult to decide as to their true character.

*Case VII.*—Mr. C——, aged fifty-three, has chronic hydrocele, involving both testes, but more particularly developed on the left side, while on the right there is, together with hydrocele, inguinal hernia. The serous fluid of the hydrocele, which is an effusion from, and is enclosed by the tunica vaginalis, increases in amount gradually until surgical treatment is demanded, which effects the withdrawal of the fluid by means of a trocar, generally affording only temporary relief, or establishes adhesion of the walls of the sac, by means of stimulating injections, the effect of which some believe to be rather in reinstating the normal absorption of the secretion of the membrane involved in the sac. In the present case, permanent relief of the hydrocele on the left side will be attempted by the injection into the cavity of the emptied sac of two drachms of tinct. iodine, diluted with water, which, by manipulation, is made to penetrate every part, and will excite adhesive inflammation of the walls of the sac. Care is very necessary, in inserting a trocar, that the canula enters

within the cavity of the sac, else serious consequences may result from infiltration into the surrounding tissue; the position, also, of the testis in the sac should be determined, and its puncture avoided. It is best to keep the patient quiet for a day or two after the operation. Since an injection of iodine, on the right side, would cause an inflammation which would very likely involve the hernia, no operation will be made upon that side until the success of the efforts on the other side is established, when inflammation may be induced, and, with care, controlled by means of a seton on the side of the hernial sac.

*Case VII.*—Dr. MINER presented a private patient, a little child, with convergent strabismus. After complete anæsthesia, he divided the internal rectus, the eye immediately assuming position in harmony with the opposite eye. He remarked upon the causes of strabismus—its hereditary origin, and how it was often required. Advised early operation when appearing in young children, urging it upon the ground that vision was much more likely to be restored than after the eye had been long accustomed to disuse. The importance of great care in making the operation was explained—the incision through the conjunctiva to be made transversely rather than horizontally, and of as limited extent as possible, thus preventing the caruncle from falling back and making an unsightly exposure of the sclerotic. The tendon was to be hooked up and divided without any more division of tissue than absolutely necessary to effect the desired object. The operation, if properly made, was capable of obviating a great deformity; but, if carelessly or improperly made, often produced an aggravation of the defect. The results varied greatly in different cases. Perhaps it was impossible to uniformly obtain the best results—some cases, which were operated upon in apparently satisfactory manner, not resulting as favorably as expected. It was, however, generally reasonable to infer, that the unsightly results sometimes witnessed were largely due to defect in the operation. At one time the operation was regarded with great favor, and made everywhere without hesitation—this was upon the first introduction of the operation. It soon, however, fell into disrepute, and for a time was nearly abandoned. It finally has become one of the standard operations in Ophthalmic Surgery, and is to be recommended and practiced, but always with the greatest



care. It is made, mainly, to remove deformity, and not with the expectation of restoring vision ; if adopted early, it sometimes restores, at least partial, more rarely complete vision.

PROF. ROCHESTER'S MEDICAL CLINIC :

*Case IX.*—Mr. C —, aged twenty-seven, was taken five days since with *mania a potu*, and has also sub-acute gastritis. The fatty alcoholic order of the dram-drinker's breath is recognizable, and his respiration has that character peculiar to persistently intemperate persons. The patient is delirious, talks incoherently, has a flushed face, and does not sleep well. The iris is not contracted, but dilated rather ; and the tongue is coated with a light fur, and its tip is dropped, a characteristic sign. Bromide of potassium is given to control the delirium, an ounce of whiskey once in four hours to support the nervous system, and mild aperients to improve the condition of the stomach and alimentary canal. The stimulant is to be withdrawn as soon as the general state of the patient will allow, and tonics substituted for it.

The affections produced by continued excessive use of alcohol, which generally have been included under the one term of delirium tremens, are distinctly of two kinds, viz., *mania a potu* and *delirium ebriosum*. *Delirium ebriosum* occurs as the result of a continued alcoholic debauch, which produces active cerebral congestion. The patient is wild, violent and demonstrative in his actions ; and is in a high febrile excitement and delirium. All stimulants should be withheld ; and the treatment consists of active cathartics such as calomel and seidlitz powders, nervous sedatives, and general tonics. *Mania a potu* is generally caused by the effort of the drunkard to cease from taking, or by the refusal of his stomach to receive, the accustomed stimulant. The disease is sometimes occasioned by the use of tobacco, by long continued sleeplessness, by business excitement, or by shock of an accident. The nervous system deprived of its usual support suffers severe prostration. The delirium is shown in fears and "horrors" rather than in violent passions ; there is also vigilance, sleeplessness, loss of appetite, trembling, furred tongue and an excited pulse. Oftentimes the treatment consists simply in a good nutritious diet. The patient should be kept in a quiet room and have strong, good natured attendants, who should reason with

the timid, irrational man, and never alarm and excite him. Nervous and arterial sedatives, stomachics, and mild cathartics may be given. The nervous system, however, requires, at first, its usual stimulus, which should be given in quantities less than is habitual and gradually diminished as the general system recovers from its shock. *Mania a potu* is a condition of exhaustion that will not admit of any depletion. The bromides of ammonium and potassium may be given in doses of twenty grains as a nervous sedative, or valerianate of ammonia used, and, as a rule, opiates in some form. You are liable to get cumulative effects in using opiates, but narcosis is indicated by the contracted pupil before its general effects are obtained. Give sufficient intervals between the doses, and let food be taken in the meantime; always watch the pupil when giving opiates, and also the respiration, and thus avoid cumulative effects. A remedy that has come into vogue within the last five or six years is digitalis. The tincture is given in doses of from one to four drachms once in two or three hours. It acts through the nervous centres to diminish the pulse, and is also a diuretic and diaphoretic eliminative. Dr. Percy, of New York, has received two prizes for essays upon the use of this agent. None more strongly opposed digitalis at first, and the large doses of it that were given in London, than myself, but my subsequent experience in the use of it has been quite happy. A patient who had not been improving was given one drachm of tincture of digitalis, and twenty drops of tinct. capsici, once in two hours; two doses were taken, and, at the time of the third dose, he was sleeping well. In another case in the city, digitalis succeeded where active agents had previously failed. Capsicum is used in large doses in the East Indies in such cases, as a stimulant to the stomach; and in mania, the brain symptoms are thought to be secondary to stomachic ones. In very violent cases, cathartics will soothe the patient; two drops of croton oil will subdue the most burly Irishman; but I must caution you in this treatment not to use it unless the symptoms are violent, and the patient's constitution strong. A few years ago *mania a potu* and delirium were similarly treated, viz., by use of opium, and the patient's usual beverage in doses as large as he would bear, which treatment some survived, while many yielded to fatal narcosis. In London, opium and alcohol are condemned *in toto* in this disease, by most of the recent writers, (see Aitkens'

Pract. Med.,) but without sufficient reason it seems to me. If the stomach is unable to bear opiates, hypodermic injections of one-half a grain of morphine may be given, and in three hours be repeated if necessary. I have treated very many cases of this disease here and in New York, and still hold to the opium and stimulant treatment, when employed judiciously. Codeia has a marked advantage over opium, in that it produces no ill effects upon the brain. I have used doses of one-half to one grain, once in three hours, in a large number of cases, and quite successfully. It can be used where you do not dare to give opium.

Delirium and mania are diseases which affect the spirit drinker, especially those who drink the poorer kinds of spirit, while they very rarely attack the beer drinker, and in France and other vine growing countries they hardly ever occur. Medical men should encourage the culture of the grape, and thus avoid so great prevalence of these diseases. There is no reason why America should not be a vine-growing, wine-producing and consuming country. Legislation seems to be nearly futile in preventing the evils of intemperance. The education of the people to the proper exercise and control of their tastes is the only way to rid the world of these evils.\*

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ART. III.—*A case of Morphine Poisoning apparently relieved by Atropine.* By J. F. MINER, M. D.

A strong, vigorous man, while suffering from temporary alcoholic excitement, swallowed three grains of morphine, receiving it from the hands of a druggist, and in his presence taking it. He now declares his purpose, and says: "I shall be a dead man in three hours." He gets into his carriage and, with his companion, drives off. The alarmed druggist calls immediately upon me and states the facts, desiring my attendance. Upon reaching the gentleman's residence we found that he had just returned, and was sitting in his chair, resolutely refusing all attentions, and saying that the thing was done, with due consideration, for the purpose of getting out of the

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\*CORRECTIONS.—In Prof. Rochester's Clinic, as published in the October number, on the 82d page, 17th line, for weakness read restlessness. In the formula for Sat. Sol Potass. Chlor.  $\frac{3}{4}$  ill., read  $\frac{3}{4}$  viii. There were, likewise, errors in Cases II. and III.

world; wanted to know if I thought the quantity was sufficient. Said he had taken three grains before leaving home, and wanted to know how much he had taken in the store. About half an hour had now intervened since taking the morphine, which was done at very near three o'clock in the afternoon. An emetic was obtained and urged upon him, but to no avail; it was at this time impossible to do anything for him or with him. At 4½ o'clock he consented to take strong coffee, of which he continued to drink freely for five or six hours, at all times when he could be sufficiently aroused. At 5 o'clock the narcotism was very apparent, but he conversed with considerable consciousness, still inquiring if the dose was "sufficient." He now took one-fourth grain atropine without resistance, and in about half an hour one-tenth grain more. At 6 o'clock it was difficult to keep him awake; would walk with the help of assistants on each side, but slept walking. Pupils were contracted to a point; pulse 120; respiration not very slow or labored.

*Seven o'clock.*—Narcotism almost complete; could only be aroused enough to continue respiration, which would cease if allowed to remain undisturbed. Fluids placed in the mouth remained unswallowed, and were inhaled rather than swallowed, causing cough and great difficulty of breathing. The face was swollen and of a dark livid hue, conjunctiva injected, and all the vessels of the lids distended. The pupils were observed to be less contracted than they had been for the preceeding two hours; no other effects of atropine observed unless the thirst and dryness of the tongue was due to this agent.

*Eight o'clock.*—General appearance and most of the symptoms unchanged. With great difficulty could be reminded of the necessity of continuing respiration, which, if left to himself, would, after a few respirations, cease; violent shaking and smart blows would arouse sufficiently to make him continue breathing. Pupils now of natural size; compared with others in the same light, they were fully as large.

*Nine o'clock.*—More easily aroused and made to answer when violently shaken; when raised upon his feet made some effort to stand. Pupils not greatly changed, but seemed to be a little more dilated.

*Eleven o'clock.*—Had so much improved in appearance and symp-

toms, that all danger seemed passed, and he was left with competent assistants for the night.

The interest, if any, which this case possesses, is in the combined action of the two agents—morphine and atropine. It is claimed that atropine is an antidote for morphine, and this claim has been very well sustained by some carefully made experiments upon animals. Dr. Percy, of New York, has written an instructive monograph upon the subject, in which he describes some well conducted experiments, showing very conclusively that, at least, when given to animals, these drugs have antidotal properties. Many physiologists have also experimented considerably with the view of determining the value of atropia as an antidote for morphia; I should perhaps say, with varying results. It is not common to have opportunity to test in man the effects of poisonous doses of these two agents. I confess to a fear of giving unsafe quantities of atropine, even though the patient had taken “sufficient” morphine to prove fatal in most instances. If he had taken, as he declares, three grains before leaving home, he certainly had “sufficient” for fatal effects; but, if only three grains in all, still the dose was “sufficiently” unsafe, possibly, however, not fatal. The atropine in this case produced no positive effects which can be certainly traced, unless it be its specific action upon the iris. That it did act to dilate the pupil at a time when otherwise it would have remained contracted, I have no doubt, but I am not *certain* that it had any effect to render the narcotism less profound. It seems probable that men accustomed to alcoholic stimulants can bear larger doses of the narcotics without fatal effects than men of temperate habits, but of this there may be differences of opinion.

This experiment was not a well conducted one, as all will observe, for determining this important question; it was not instituted for this purpose. I was willing to appropriate as much of it as could bear upon the question, but was not prepared to extend it for the purpose of observation. I have related the facts as suggestive at least of the value of atropine in the treatment of narcotic poisoning, but many similar opportunities are necessary to positively determine any of the points at issue.

## Correspondence.

*To the Editor of the Buffalo Medical and Surgical Journal :*

DEAR SIR,—In the last number of your valuable Journal there appears a communication from W. L. Atlee, M. D., giving my letters to him, with comments, without publishing in the same connection his letter to me. Now, Mr. Editor, I have no time, and certainly no inclination, to discuss questions of ethics or practice with Dr. Atlee, and shall very reluctantly, therefore, be drawn into any controversy on the subjects mentioned in those letters. The whole matter is very simple; and by merely publishing my letter to Dr. Atlee, and his reply, every member of the profession who may feel sufficient interest in the questions involved to read them, will be able to form his own conclusions.

Having been often importuned by a much respected patient to remove the large fibrous tumor which disfigured her, I had as often assured her that it was not of a character suitable for excision. I had told her that it would be equally proper to undertake the removal of her heart, or her lungs, if diseased, as her non-malignant uterine growth, which would, for its removal, require the excision of the greater portion of the uterus. Upon a recent visit she annoyed me by saying that some of Dr. Atlee's friends had been visiting her, that they assured her that he frequently removed such tumors, and that they insisted she should consult him.

At her request, therefore, I cheerfully wrote to Dr. Atlee the letter which follows, believing that no well informed gynecologist could hesitate in pronouncing an opinion in the premises, saying in substance, that we were not warranted in undertaking the removal of large non-malignant fibrous growths which involve the uterus to such an extent as to require for their extirpation the excision of any considerable portion of that organ.

The reply of Dr. Atlee disappointed and annoyed me. Instead of a manly and honorable avowal of the impracticability of such an operation, it seemed to me to be non-committal and evasive, leaving the impression that he wished the reader to think that he had done, and could do, as great things as that. I was charitable enough, I confess, to interpret his letter as not advising an operation in this

instance, and, in my letter to it, "concurred" in that opinion. Avoiding a direct answer to my question, he volunteered the recommendation of the use of "muriate of ammonia" for the discussion of such a tumor. I thought, in so doing, he trifled with me and treated me as a neophyte.

I showed the letter to some of the most intelligent men in the country, who chanced to be at my house about that time, and they confirmed my opinion of its want of professional frankness. Among those who read the letter was yourself; and, at your request, I did not hesitate to hand it to you for publication.

I regret that I had not a copy of my letter to Dr. A., to which his was in reply, that they might have been published in connection, as I now desire. It would have obviated the necessity of my giving from memory a statement of its substance, in which I perceive there is some confusion of the statements, though unessential, of the second letter with those of the first, having made no copy of either and writing only from memory.

In relation to the private character of the letter, I submit, whether a professional opinion, given to another practitioner for a consideration, without any intimation that it should be considered private or confidential, comes within that sacred class? Or whether, if it contain important scientific improvements or principles, or is otherwise "remarkable," any rule of propriety is violated by making it public through a medical journal, or other professional media of communication? This much, Mr. Editor, was necessary in order to set forth the facts; and I am entirely willing to submit them without comment to my medical brethren and abide their verdict.

Hoping that you will again insert my hastily written letter to Dr. A., and his reply, I trust I shall not again deem it necessary to encumber your columns with a matter of so little general interest to your readers, and remain,

Truly yours,

JAMES P. WHITE.

Dr. W. L. ATLEE:

"Buffalo, Aug't 16, 1869.

Dear Sir, I have a friend 45 years old, widow, who has never been pregnant, in pretty good health, who has a fibrous tumor, probably intra-mural, of ten or twelve years standing, and now extending above the umbilicus. It is irregular in form, but I find no evidence in manipulating that there are adhesions, although she has suffered a good deal with superficial abdominal cramps and pains

—no hemorrhages or leucorrhea. The uterus is considerably enlarged, as shown by the sound, and crowded anteriorly.

My object in writing is, in her behalf, to ask if you would advise extirpation? If you would like any further or more minute description, I shall be happy to furnish it. Should you wish an examination, in case you advise excision, before undertaking it, she can come down and see you. Mrs. F. is highly respectable and well connected, and having a good home, would probably prefer the operation at home, in case you decide upon making it. In my opinion, the uterus is so involved in the tumor that it would require to be removed at the neck.

Some friends of yours have advised Mrs. F. that you are removing tumors of this character, and I write at her request to ask if it is true?

Should you not remember me, I will take the liberty of referring you to my friend, Dr. S. D. Gross.

Awaiting your response, and with great respect, I remain.

Your obd't serv't,

JAMES P. WHITE."

"P. S.—Please enclose bill for fee for correspondence, and I will remit at once."

"Yours truly,

J. P. WHITE."

Philadelphia, Aug. 17, 1869.

"DEAR SIR,—I rec'd yours of the 16th to-day. Certain forms of Uterine Fibroids I remove by the knife; but in deciding on the propriety of an operation in any case, it is necessary to make a careful personal examination. As the patient, however, is 'in pretty good health,' and there is 'no hemorrhage,' the case is not urgent. I would, therefore, advise medication, which sometimes will disperse these growths. Give her ten grains of muriate of ammonia three times a day; and also, twice a day, order her to wash the abdomen well with a solution of it, 3 ii to the pint of water. Persist in this treatment for a long time, provided the health remains good and the tumor does not increase. If convenient I would like to see her.

"Very respectfully yours,

"WASHINGTON L. ATLEE,

"1480 Arch St.

"To J. P. WHITE, M. D.,

"Buffalo, N. Y.

"Fee, \$10."

## Miscellaneous.

### Mechanism of the Crepitant and Subcrepitant Rale,

At a meeting of the New York Medical Journal Association, held December 18th, Dr. Austin Flint read a paper on *The Mechanism of the Crepitant and the Subcrepitant Rale*, (*N. Y. Medical Journal*, Feb., 1869, vol. viii., p. 449). He showed that these rales could be perfectly imitated by means of the article known as "patent india-



rubber sponge" lately introduced. Compressing the sponge and letting it expand near the ear—dry for the crepitant, and moist for the subcrepitant, rale—the latter would be heard during both compression and expansion, the former during expansion only. This illustrated the true theory of the crepitant rale, that it is caused by the sudden separation of coherent surfaces, and not by bubbling—an explanation first propounded by Dr. Edson Carr, of Canandaigua, N.Y., in 1842, (*Am. Jour. Med. Sci.*, Oct., 1842, p. 360.) The history of opinion upon this subject, from the time of Lænnec to the present, was reviewed; showing that most authorities still adhered to the "bubbling" theory, though a few had adopted Carr's explanation without giving him credit for priority. The important points of this valuable paper were summarized in conclusion, as follows:

"1. The crepitant rale is caused by the separation of the walls of the air-vesicles and bronchioles, in the manner explained by the late Dr. Edson Carr.

"2. It is highly probable that the peculiar ('vesicular') quality pertaining to the inspiratory sound in the healthy murmur of respiration is due to the same cause, the cohesion of the walls of the air-vesicles and bronchioles not being sufficient to give rise to the crepitant rale.

"3. The subcrepitant rale is caused by the bubbling of liquid in the minute bronchial tubes, and also in the air-vesicles and bronchioles.

"4. The essential distinctive character of the crepitant rale is its dryness. The term 'dry crackling' expresses this character, whereas the phrase 'fine bubbling' expresses the character of the sound in the sub-crepitant rale. In addition, the crepitant rale is not produced in expiration as well as in inspiration.

"5. Very fine bubbling due to liquid in air-vesicles and bronchioles resembles the fine crackling sound which characterizes the crepitant rale; and the discrimination of the former from the latter requires a nice perception of differences in sound, and some practice in comparing the two rales. The artificial production of the two rales (by means of the 'rubber-sponge') may be made highly useful by affording this practice.

"6. The crepitant and the subcrepitant rale are not infrequently found in combination. They are likely to be conjoined whenever the air-vesicles and bronchioles contain liquid of any kind.

"7. In view of the fact that for the artificial production of the crepitant rale no liquid is necessary, and in view of the fact that for the production of fine bubbling sounds an extremely small amount of liquid only is required, wherever in disease a crepitant rale exists, without the co-existence of the subcrepitant rale, it is probable that there is a morbid adhesiveness of the inner surface of the air-vesicles and bronchioles, without the presence of an appreciable amount of liquid. Hence, in the cases in which the crepitant rale exists alone, either in the first stage of pneumonia or in the resolving stage, the morbid product within the air vesicles and bronchioles must be

either a glutinous matter sufficient to give adhesiveness to the wall, but not enough for bubbling, or the product is a semi-solid, in which bubbles are not readily produced; and in cases of œdema of the lungs, or when blood is present in the air-vesicles and bronchioles, the crepitant rale can hardly be expected to occur without being associated with the subcrepitant.

"8. The characters of the subcrepitant rale are materially the same, although the bubbling is produced in liquids differing as regards consistence."—*Medical Record*.

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### Morbid Elongation of Bones.

Professor Langenbeck has recently read a paper before the Berlin Medical Society on the subject of "Morbid Increase of the Length of the Long Bones." In this paper he has called attention to the fact that the long bones, when subject to irritation during the growing period of life, are apt to increase in length and thickness. \* \*

From his observations he draws three conclusions, viz.:

1.—Morbid causes which produce irritation, and hyperæmia of the bony tissue, have as a result, as long as the bone-growing period lasts, an increase in length, as well as in thickness of the bone.

2.—The increase of length concerns principally the diseased bone, but it can also be observed in a healthy bone of the same extremity.

3.—The bone lengthened through the increase of growth, retains its dimensions through life. An after shortening through resorption does not take place, even although the original cause—viz., the bone disease—should long since have ceased to exist.

He then makes the proposition—if it be not possible to artificially regulate the growth of bone and through that to hinder or accelerate it. With this view he made an experiment on a dog about eight weeks old, by inserting ivory pegs into the femur and tibia of the left side. About four months later the dog was killed, and on comparing the experimented bones with those on the opposite side, he found that, "the femur showed no alteration in shape, but the joint surfaces of both hip and knee joints were slightly smaller, the diaphysis slightly thickened and uneven . . . The tibia, in the diaphysis of which two ivory pegs had been inserted, showed these changes somewhat more marked. . . . On measurement, the femur and tibia both showed an increase of five millimetres in length, making in the whole limb an increase of ten millimetres." It appears from this that both bones presented elongation and thickening of the diaphysis; but the epiphysis had become somewhat smaller. Here, also, the fibula was lengthened to a corresponding extent as the tibia, though that could only have been caused by the extension exerted on it by the growing tibia; and, what is more remarkable, it had obtained this without losing its connection with the tibia, as took place in a case described by Parise.—*Berlin Correspondence of Lancet and Medical Gazette*.

## Complete Destruction of both Membrana Tympani ; Application of Artificial Drum with Great Benefit.

J. Orne Green, M.D., Physician to the Department for Diseases of the Ear, Boston City Hospital, reports the following case : A fine, healthy man, æt. 29, had scarlet fever, when four years old, and has had ever since a continuous, offensive otorrhœa on each side. On examination, the right membrana tympani is entirely destroyed ; the hammer remains, very much drawn in, and just below it the mucous membrane of the tympanum is red, irregularly swollen, and in one spot a white mass of calcareous deposit is seen and felt on it ; right Eustachian tube pervious. The left ear exhibits almost the same appearances, except that the membrane of the tympanum is perfectly smooth and of a light pink color ; no remnants of the membrana tympani to be seen ; by Valsalva's experiments there is a distinct perforation-whistle. The watch is heard one second in each ear, the voice about five minutes. Under the use of an iodine instillation, the swelling was so much reduced in the right ear that he could blow air easily through it ; the otorrhœa was diminished by the astringent, and finally checked by the use of talc.

Artificial drums were then applied to each ear in the same way as in the preceding case, and to his great gratification his hearing was greatly improved, so that he could easily carry on a conversation with a person twenty feet distant. He was taught to introduce them himself, and before he left for his home in the West could adjust them easily, and with great benefit to the hearing.—*Boston Medical and Surgical Journal*.

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## Chloral.

Dr. Richardson recently opened his course of lectures on Experimental and Practical Medicine. The subject was Chloral ; and many new experimental facts were illustrated ; among others, the great decrease of animal temperature caused by the substance, and the production of prolonged anæsthesia by inhalation from an ethereal solution. The following is a summary of the lecturer's views given in the *British Medical Journal*: 1. Deep and prolonged narcotism can be safely produced by the hydrate of chloral. 2. During a portion of the period of narcotism, there may be complete anæsthesia with absence of reflex actions ; a condition, in short, in which every kind of operation fails to call forth consciousness. 3. During the narcotism, there are intervals of apparent exalted sensibility. 4. In the transition from drowsiness to stupor, there is no stage of muscular excitement ; but in birds there is vomiting, as is common in the same animal in the second stage of narcotism from chloroform. 5. During the narcotism produced by the substance, there is invariably reduction of temperature. 6. The hydrate produces muscu-

lar relaxation; which relaxation extends to the muscles of volition, and also to the iris and muscular arterial system. From the condition of the muscles after death, it may be inferred that this paralysis is in part due to change within the muscular structure itself. 7. The action of the substance on the nervous system is primarily on the sympathetic ganglia, afterwards on the cerebrum; and, finally, on the heart. 8. Recovery is followed by no bad results. 9. In fatal cases, the functions are destroyed in the following order: *a.* the cerebral; *b.* the voluntary muscular; *c.* the respiratory; *d.* the heart. 10. The substance, in small proportions, prevents, in some degree, the coagulability of the blood; and, in large quantities, stops the process of coagulation altogether. In large quantities, it also destroys the blood-corpuscles, and produces general destruction of blood. But to produce deep insensibility, the dose administered need not be so large as to lead to serious derangement of blood. 11. The phenomena observed correspond with those observed under chloroform; and the balance of evidence is, that they are the result of the action of chloroform. 12. Therapeutically, the agent is to be accepted as the rival of opium. It promises to be useful in cases where there are increment of animal heat, muscular spasm and pain. It will be worthy of extensive trial, in tetanus especially. The dose of hydrate of chloral for a child is seven grains; for an adult, the dose may be extended to one hundred or even one hundred and twenty grains. The lecture was illustrated throughout by experiment; and the lecturer received hearty applause from those who were present.—*Phila. Reporter.*

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### Influence of Nutrilment on Disease.

The *Journal Central de Médecine de Berlin* publishes *seriatim* the conclusions arrived at by Dr. Salisbury from a large number of experiments on this subject. They are as follows:—

1.—The continuous use of vegetable aliments, particularly of the leguminous and amylaceous plants, provokes constipation and a sort of scorbutic condition.

2.—The use of amylaceous plants causes a great variety of morbid conditions; for example, fibrinous deposits and embiola in the capillary vessels, and congestion, inflammation, diarrhoea and paralysis, as the result, and, at a later period, tuberculous deposits in the lungs, affections of the eyes and ears, and pains in the back and extremities.

3.—These symptoms may be advantageously met by having recourse to albuminoid ailments of animal origin, and especially by the use of salts of potash and iron, which prevent coagulation of fibrin, favor the circulation of the blood, and render active absorption and intestinal secretion.

4.—The morbid states which we have enumerated are developed

in armies on the field, especially when they are subjected to an amylaceous dietary.

5.—The officers, who have the privilege of varying their diet, are free from these accidents.

6.—When the nutriment is exclusively amylaceous or saccharine, constipation soon appears, and stomachic digestion is effected with difficulty.

7.—This constipation is not slow in engendering the products of fermentation, intestinal gases, and parasites in great number.

8.—This condition continues until diarrhoea sets in, and then small colloid gelatinous masses are found in the fæces in variable quantity.

9.—These are in no respect the cause of the diarrhoea; they result from the production and metamorphosis of saccharine and fermentative matter. Once produced, these substances act as a true poison on the organism and aggravate the intestinal lesions.

10.—It is specially in the evening and during the night that the products of fermentation are developed in the intestines. Each day they increase. The continual excitement of the intestinal mucous membrane by the gases and parasites produces diarrhoea, which soon becomes chronic, and resists all method of treatment.

11.—This state is always accompanied with a tendency to paralysis accompanied by singing in the ears and violent headache, symptoms which are attributable to defective nourishment and to the presence of fibrinous masses in the capillary vessels.

12.—There are often at this stage symptoms of bronchitis. The expectoration is thick, yellow, principally at night, and it is complicated with dyspnoea and palpitations.

13.—Diabetes and strumous affections often supervene on a diet exclusively saccharine or containing too much starch.

14.—The diarrhoea, characterized by colloid greenish stools, which attacks children during the summer, depends on the abuse of saccharine substances and fruits, and the colloid masses are derived from the intestinal epithelium.—*Medical Record*.

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## Dislocation of the Elbow; a New Method of Reduction.

BY THOMAS WATERMAN, M. D.

[Re-printed from the Boston Medical and Surgical Journal, Vol. IV., Nos. 12-13, New Series.]

Finding no record in the surgical text-books of the method described below, I have thought the following case and comments worthy of publication.

On the 9th of May last, I was called to visit Mrs. L., æt. 30. She stated that, when near the bottom of a flight of stairs, she had tripped and fallen down the last three steps, striking with the whole weight of the body on her extended hand. As the accident had happened but half an hour previously, there was no swelling to

mask the lesion. The left elbow was flexed at a right angle, and all motions were attended with great pain. After etherization, the ulna was found to be dislocated directly backwards at the elbow, as shown by the unusual prominence of the olecranon, depressions on either side of the triceps tendon, and resistance to complete extension of the forearm, which was twisted and pronated. The head of the radius rotated in its normal position, and no other lesion—neither dislocation nor fracture—could be detected.

Assuming that the patient's statement was correct, it seems strange, in view of the intimate connection of the carpal bones with the lower extremity of the radius, that Colle's fracture of that bone did not occur; or failing this, that the head of the radius was not forced out of place, either alone or in addition to the dislocation of the ulna.

Faithful trials of Sir Astley Cooper's method of bending the arm over the knee, and Mr. Skey's method of extending the forearm directly downwards in a line with the upper arm, failed to produce any effect.

I then succeeded in reducing the dislocation by bending the forearm backwards beyond a straight line, when, without any extension downwards the ulna returned to its normal position with a slight shock. An internal angular splint was applied, and evaporating lotions recommended. In eight days the splint was removed, the patient allowed to carry the arm in a sling and to execute slight motions in the joint daily.

The *modus operandi* of this method is as follows, viz :—when the ulna is dislocated backwards at the elbow without fracture of the coronoid process, the latter occupies the olecranon depression of the lower end of the humerus, and often requires considerable force to remove it from its abnormal position. By the method above described, the forearm is used as a lever, with the power (hand of the surgeon) at one end, the fulcrum (olecranon) at the other end, and the weight to be moved (coronoid process) between. As the forearm is extended backwards beyond a straight line, the olecranon impinges against the lower end of the humerus and becomes a fixed point or fulcrum; by continuing the forced extension, the coronoid process is lifted out of the olecranon depression of the humerus, and when this is accomplished, the tonic contraction of the brachialis anticus muscles restores the ulna to its natural place.

It will be seen that this method of reduction is exactly the reverse of the process by which the bone becomes dislocated, although it returns by the same path by which it escaped; these two facts, it seems to me, should be borne in mind in the reduction of all dislocations, and additional proof of this statement may be derived from a study of Prof. H. J. Bigelow's system of reducing dislocations of the hip by manipulation, and Dr. Crosby's method of reducing dislocations of the thumb.

The method is capable of the most decisive demonstration with  
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macerated specimens of the ulna and humerus, and might be employed in dislocations of both radius and ulna backwards. It would be especially efficient in the reduction of old dislocations after the adhesions have been thoroughly broken up,

Since writing the above I have noticed in a late number of this JOURNAL the account of a case, copied from the London *Medical Times and Gazette* for July 17th, 1869, p. 79, in which essentially the same method, *i. e.* excessive extension, was successfully applied to the reduction of a vertical dislocation of the patella.

*Boston, October, 1869.*

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### Danger of Injections of Perchloride of Iron in Sanguineous Tumors.

A child ten weeks old having three sanguineous tumors respectively on left cheek, left leg, and right lumbar region, was brought to Professor Sautesson, of Stockholm. Whilst in the country the child had been for two weeks in charge of a physician, who was prevented from vaccinating the tumor on the face by want of virus, and instead applied collodion, but this produced no change.

The tumors were beneath the skin and evidently still growing. That on the face, the one of greatest importance, was an inch in diameter, and occupied more than half the thickness of the cheek, being situated midway on a line drawn from the ala-nasi to the lobule of the ear. Vaccination not promising any hope of success, and such procedures as excision, ligation and cauterization presenting serious objections, the choice was limited to acupuncture by galvanic needle, and injection of a coagulating liquid. The latter was preferred by the Professor, and immediately, with the assistance of Prof. Abelin and Dr. Schlerg, the injection of a liquid composed of ferri perchloridi six parts, and alcohol one part, was commenced. The injection was made with a subcutaneous glass syringe containing eight or ten drops of the mixture. The capillary tube was first introduced and directed vertically across the tumor, towards its centre, and only one-half of its contents injected, it was then withdrawn and re-introduced, horizontally, the point being directed deeper in the tumor. Before the second injection was completed, the operator was forced to withdraw the syringe on account of the appearance of threatening symptoms in the child. Death took place in about two hours.

Autopsy on the day following death, revealed the following symptoms: The tumor was much lessened in size, its tissue from being spongy, had become firm and solid from coagulation of the blood.

The surrounding veins (facial and its ramifications) were empty. The external and internal jugulars contained no clots in the superior portion, but as they approached the chest, the contained blood was generally clotted. The clots became more and more firm in the subclavian, the superior vena cava and in the right cavities of

the heart. These were literally distended with coagulated blood. The left auricle contained a small clot, the left ventricle was empty. It is probable that in introducing the tube the second time, one of the veins (perhaps a branch of the facial) was penetrated. The history of this case, and its unfortunate termination, suggests as a precautionary measure against a similar occurrence, pressure between the tumor and the heart when performing the injection.—(*Monatssh*) *hh. South—Union Medical*, May 15th, 1869.

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### Effects of Carbolic Acid on the Economy, on Vegetable Parasites, and Diseases of the Skin.

Dr. Neumann, of Vienna, has published, in Dr. Pick's *Archiv fur Dermatologie und Syphilis*, Part III. (1869,) an excellent article on the above subject. The author experimented largely on animals and plants, and has used the acid in a certain number of cases, the principal of which he relates. Dr. Neumann sums up as follows: Carbolic acid is an energetic poison, which acts directly on the nervous system; its external or internal use may cause death. It acts three times more quickly when injected under the skin than when taken into the stomach. The acid is useful in scaly skin diseases, but especially in their early stage; it may be used as a caustic in chronic inflammations, and in parasitic affections. The acid, finally, possesses the power of arresting the germination of the lower vegetable organisms; but the solutions must for this purpose be stronger than has been advised—viz., 1 in 500 or 300, and not 1 in 1000.—*Lancet*, Sept. 18, 1869.—*Med. News*.

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### Ophthalmoscope in Nervous Diseases.

M. BOUCHUT, as a candidate for the next prize in Medicine and Surgery at the Academie des Sciences, has presented an additional memoir founded on his prolonged researches with the ophthalmoscope in diseases of the nervous system. He comes to the following conclusions:

"1. Diseases of the spinal cord, as acute myelitis, spinal sclerosis, locomotor ataxy, etc., frequently induce a congestive lesion of the papilla of the optic nerve, which at a later period becomes atrophic. 2. The lesions of the optic nerve produced by diseases of the cord are the result of a reflex ascending congestive action, the great sympathetic nerve acting as the inter-medium. 3. The presence of hyperæmia of the optic nerve, of reddish suffusion (*diffusion*) of the papilla, and of a total or partial atrophy of this part, coinciding with weakness and numbness of the lower extremities, indicates the existence of an acute or chronic disease of the spinal cord."—*Medical Times and Gazette*.



## Editorial Department.

### Medicines as Disturbing Agents.

It is very natural for physicians to be constantly alert to discover or learn the curative properties of drugs, but the attention is not as strongly directed to the possible disturbing influences which they possess. We are generally aware that even the most valuable remedies do, in certain cases, produce some ill effects; but we are scarcely alive to the fact, that almost all medicinal agents do harm unless they are so strongly indicated, for the removal of disease, that the good greatly overbalances the injury they produce. How is this? let us examine into the case a little in detail. Take, for instance, our most valuable medicine. What are the ill effects of opium? It disturbs digestion, constipates the bowels, diminishes the desire and relish for food, lessens many of the natural secretions, and in various ways acts as a disturbing element when introduced in any form into the system. Opium then, our most valuable medicine, is in some degree productive of harm—often of much more good than harm, but almost always of some harm—even in the most favorable cases, to say nothing of the instances where this drug produces peculiarly unpleasant effects. Opium, in its various forms, is probably worth more in the treatment of disease, or the proper care of the sick, than any other drug; it stands at the head in its range of application and in its curative influence, but it is not without its ill effects, which are temporary and unimportant, and also effects more permanent and positively injurious. All the other narcotics are liable to produce equally disturbing effects in proportion to their capacity for good. If we pass on to mercury, the remedy next in rank and influence, all will at once appreciate its power for evil—some may even go so far as to deny its capacity for good—but we think, even balanced minds will not take ground wholly against it, while all will admit that it is a disturbing element in the economy, not naturally a component part of the animal tissues, and soon eliminated if introduced.

Iodine is another of our valuable remedies, but its influence for either good or evil is not so manifest. It enjoys a reputation for stimulating the absorbent system which it scarcely deserves; and in acknowledging that its ill effects are not well marked when used in an appropriate manner, we also indicate that its curative influence is feeble or uncertain. Our tonics rarely produce great injury. Iron and the vegetable bitters enter largely into the composition of fancy medication, and can be given indiscriminately for any length of time without any great harm, generally without any very great good. Iron has its positive advantages, and is valuable. Bark is extensive in its applicability, and is certainly controlling in some forms of disease. The active principle of bark may act as a disturbing element; and iron even may not be wholly harmless.

Cathartics are valuable, and aid one of the most important natural secretions; but how largely may they all be regarded as disturbing agents, often working much more harm than good. We might pass over the whole list of the *materia medica*, and all important valuable remedies would be seen to possess some disturbing ele-

ments. This does not show them less useful or important in the treatment of disease; it is nothing against a drug that it is capable of evil, is a violent poison in sufficient quantity. Indeed, all our valuable remedies may possess poisonous or injurious qualities; and to the point that medicines are generally disturbing agents, we would direct attention. Nature rebels against, and attempts the removal of, disease, or at once institutes efforts for overcoming its effects. The attentive observer of nature in disease will learn much in therapeutics.

The disturbing influence of medicine has contributed largely to the prevalence of the various forms of imposition now practiced upon mankind under the guise of medical reform, seeking some plan of caring for the sick, which did not make them still sicker. A system of medication which, if it could do no good, should at least do no harm, has been welcomed by many, and regarded as an improvement and a reform. Physicians have, heretofore, and, I am sorry to say, do still torment sick people with quite unnecessary and often useless measures of relief. They order, with thoughtless indifference, emetics, active cathartics, and, above all, and worse than all, blisters and counter irritants. The moral force of the physician, and the charm of thinking that something is being done for them, may, for a time, suffice to keep up the delusion, and make them believe that the "heroic" measures were indispensable to recovery; but many a family have been driven from their old physician to some inert practitioner innocent of any rational views of disease, by blisters, emetics, violent cathartics, forced swabbings of the throat, and other painful and useless methods of treating disease. The inquiry is at once made, are not these means necessary to successfully combat and arrest the progress of acute maladies themselves more painful than the measures of relief? To this question we answer, no, no; a thousand times, no. Whoever advises these disturbing measures of treatment, not only injures his own reputation and business, but hastens the time when his friends will join the army of revolt, and seek other and less painful modes of treating their diseases.

Pharmacy has been so greatly improved that regular medicine is palatable if the physician notices the best mode of prescribing it. And since sugar medication and water medication is now almost wholly abandoned as useless, and has given place to disguised medicine, we should hope that, finally, *rational medication* may take the place which rightfully belongs to it, both in the practice of physicians and in the confidence and respect of an intelligent public.

These hasty remarks are made with the sole view of directing attention to points of great importance to the profession. First, the idea of depending upon nature, which, under favorable circumstances, is wholly adequate to restoration, in almost all cases capable of such termination: and second, the necessity of avoiding the harsh and aggressive measures of treatment wherever this is consistent with the satisfactory progress and termination of disease. The Homœopathic delusion is the offspring—the reaction of violent and aggressive medication; and wherever it has been accepted by the public, it has been mainly because more agreeable, though in its original purity it was most obviously inert; and now, as an unmeaning name, is a convenient cover for all sorts of medication.

## Death of Dr. Moses Bristol—Action of the Erie County Medical Society.

[Abstract of the Report of the Secretary, Dr. M. G. POTTER.]

The Vice-President, Dr. MINER, announced the death of Dr. MOSES BRISTOL, and, after speaking briefly of his life and character, called for such action as the Society might please to take.

Dr. WINNE spoke of him feelingly and appropriately, referring to his useful life and hopeful death.

Dr. PRATT said that Dr. BRISTOL was born in Clinton, Oneida Co., N. Y., Oct. 21st, 1790; entered the Sophomore Class of Yale College in 1810, and graduated 1813. He subsequently attended medical lectures at New Haven, and in 1817 commenced the practice of medicine with Dr. HASTINGS in his native place. In 1822 he removed to this city, where he continued the practice of his profession until 1849, when, on account of failing health, he was compelled to relinquish it. He was a man of many virtues and few vices. Mild in disposition, he lived greatly in retirement, and was consequently little known to our younger brethren and younger citizens. His practice was not extensive, but quite respectable. His health, for the past few years, has not been good—he has recently had two attacks of paraplegia. Yesterday morning he took his breakfast as usual, and was found soon after in a paralytic condition, which terminated his life in about eighteen hours. A fear of the pains of death has been many times expressed by our departed brother; and it seems a just reward to his excellent character, that he was allowed to pass away without a struggle or pang. He retained his intelligence remarkably with advancing years. Dr. PRATT then moved that a committee of three be appointed to draft resolutions suitable to the occasion. Drs. PRATT, HARVEY and WINNE, were constituted that committee, who presented the following:

*Whereas*,—It has pleased Divine Providence to remove from our midst our brother, Dr. MOSES BRISTOL, who, for half a century, has borne the character of an honest, prudent and faithful practitioner of medicine; and who has done much, by precept and example, to give an elevated character to the profession of our city; and who has endeared himself, to a large circle of friends, as a man of irreproachable action and principle; therefore,

*Resolved*, That the sympathies of the members of this society are tendered to his bereaved family.

*Resolved*. That these resolutions be entered upon the records of this society; that a copy be presented to the family of the deceased, and to the medical and secular journals of this city for publication.

Drs. TROWBRIDGE, HARVEY, WYCKOFF and MIXER spoke of his high character and great worth as a citizen and physician, and of his efforts to harmonize and elevate the profession.

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Our thanks are due to the editors of the *Buffalo Evening Post* for the regular receipt of their attractive and welcome sheet.

## Items, Selections and Remarks.

BY W. W. MINER, A. B.

Among others, the following physiological points, descriptive of a person who was supposed to have been murdered, were determined by Drs. Mattock and Murphy, of St. Paul, Minn., from an examination of the remains exhumed after two years interment. The remains were those of a male, whose death was occasioned by violent means, which were two charges of shot. The deceased had a bifid spine, was five feet two inches in height, was left-handed, was knock-kneed, was between the ages of eighteen and twenty-five, was not a hard working man, wore a light mustache, short chin whiskers and a small tuft of side whiskers, and that the deformity of the spine was congenital. An interesting and more extended account of the matter is given in the October number of the *Psychological Journal*.—Prof. Mantegazzi, an Italian physiologist, lately spent sixteen hours in continued watching at the microscope for the appearance of organic life in an infusion he had prepared for the purpose. We think that these theorists who watch, will as well wait, also, for this link of the chain.

The *Humboldt Medical Archives*, of St. Louis, acting on the principle that "science is cosmopolitan and should know no locality or nationality," and on the event of the consolidation with it of the *Reporter*, has adopted the simple title, "The Medical Archives."—An American Journal of Syphillography and Dermatology is to appear, edited by Dr. M. M. Henry.—It was stated, by mistake, in the *Medical Gazette*, of Vienna, that Prof. Billroth, in an operation for ovariotomy, left a sponge behind in the abdomen, and that the patient died of peritonitis. It appeared that Prof. Braun was the operator, and that the operation was successful. Prof. Billroth has sued the journal for slander, and recovered damages to the amount of one hundred florins. The great opposition Prof. Billroth, a Russian, has met with among the Austrians at Vienna, is given as an excuse for the rather unprofessional procedure.—James Campbell, of Boston, is publishing a reprint of *The Practitioner*, an English journal, edited by Drs. Francis E. Anstie and Henry Lawson.

The Decimal system of weight and measure has been adopted in the Austrian Pharmacepeia.—The British Association for the Advancement of Science has given £30 to Dr. Richardson for an investigation of the physiological action of organic compounds; and, to Dr. Gamgee, £15 for researches on the heat developed in the arterialization of the blood.—Gov. Claflin, of Massachusetts, has appointed a State Board of Health, of which Dr. Henry Bowditch has been elected President, and Geo. Derby, M. D., Secretary.—The New York Association for the Advancement of Science and Art has addressed a communication to the Board of Education, urging the importance of the physical and hygienic education of the pupils of our public schools.—Illinois is about to erect two Insane Asylums, one at Elgin, the other at Springfield. On November 10th, there was to be a meeting of the three boards of trustees of lunatic asylums of the State, and a number of invited experts, to discuss the relative value of the family, and congregate systems in the treatment of insane.

G. Von Liebig, having experimented on the physiological effects of compressed air, observes that: "The number of inspirations in an atmosphere submitted to a high pressure, when the animal has become accustomed to it, does not differ much from that which occurs ordinarily. The quantity of air breathed, and of carbonic acid exhaled, is identical with the normal quantities of the same.—Prof. W. Gibbs, M. D., of Harvard Coll., describes a new class of compounds with an acid of sulphur yellow color, derived from uric acid, which he has named stryphnic acid from its astringent bitter taste.

Part of the German Hospital which is being erected on 77th St., New York, has just been opened for use. The building, besides a basement and cellar, is three stories in height. Steam is used for heating, the sash of the windows is double-glazed, and the arrangements for ventilation are very complete. The cost of the building is \$190,000. The medical board of the hospital consists of Drs Krackowizer, Lolman and Cinswer. The resident and visiting physicians number more than twenty, and the patients are of every nationality.—The Manhattan Eye and Ear Hospital, which was incorporated by the last legislature, have leased the building No. 233 East 34th St., and will open the institution this month. The corporation owns a lot, where it is intended eventually to build. Drs. Roosa, Agnew and Loring have been elected surgeons to the hospital.

Ligature of the aorta was recently performed in Edinburgh by Dr. Watson, on account of secondary hemorrhage from the common iliac artery after its ligature. The patient lived sixty-five hours after the operation. Ten cases only of this operation are recorded, in one of which the patient lived ten days subsequent to the operation.—Dr. Stanley, of Texas, says that he has used hypodermic injections of quinine hundreds of times, employs a solution containing thirty-two grains to the ounce of aq. distil., and finds that the alkaloid quinia is preferable to the sulphate, and that two grains of it, hypodermically, is equivalent to six grains by the mouth.

Prof. Von. Græfe has operated on W. H. Milburn, the blind lecturer, so that he can now appreciate light but cannot distinguish form, and next year the operation is to be repeated—with, it is hoped, complete success. Meanwhile the patient is lecturing in this country on "What a Blind man saw in pursuit of Sight."—Sir Henry Holland, Bart., a distinguished English physician, son-in-law of Rev. Sydney Smith, and formerly physician to Queen Caroline, is making a tour through the west and north-west part of our country, accompanied by his son, and by Hon. Wm. Evarts. Dr. Holland's narrative of former travels in Albania, Thessaly and Greece, are referred to in Lord Byron's works. He received, on arriving here, a cable telegram, giving the sad intelligence of the death of his son, aged nine years, by drowning the day after he embarked. This is said to be the eighth of Dr. Holland's visits to this country, with which he is much pleased. —Peter Mark Roget, M. D., F. R. S., a distinguished physician and author, died at London in the ninetyeth year of his age, Sept. 17th. He is best known to the American public as the author of "Roget's Thesaurus of English Words and Phrases," which was first published in Boston, in 1854. He wrote a number of scholarly treatises on scientific subjects, and was of marked eminence in his standing as a physician.

Dr. Chas. A. Shæffer has returned home, after spending two years and a half in scientific study in Germany, and has been appointed Professor of Analytical Chemistry in Cornell University. — Dr. C. D. Palmer, of Louisville, has been appointed to the professorship of Obstetrics and Diseases of Women and Children in the University of Louisville, the chair recently occupied by Theophilus Parvin, M. D.

Claude Bernard, the celebrated physiologist, has been called, by Napoleon III., to the French Senate. He is now, besides Academician and Senator, Professor of General Physiology at the Museum, Professor of Experimental Medicine at the College de France, Annual President of the Academie des Sciences (l'Institut,) Life President of the Societe de Biologie, Member of the Academy of Medicine, Commander of the Legion of Honor. Twenty-five years ago, Claude Bernard was an apothecary's assistant in a country town. — *Medical Record*. — J. Campbell Shorb, M. D., Prof. of Physiology in the Toland Med. Coll., San Francisco, Cal., in his introductory address to the students on "Benevolence in Medicine," concludes with these words: "The student of medicine who, in the consideration of quinine, opium, and chloroform, cannot discover abundant reason for gratitude to the good God above us, nor reason for devotion to medicine, had better leave these halls; or staying, pray that the obscurity of his soul may depart, and that his heart be aroused to a sense of the majesty and beneficence of the noblest of all human sciences." — *Cal. Med. Gazette*. — Dr. Bruce Jones, of London, Secretary of the Royal Institute of Great Britain, is writing a biography of Michael Faraday. — Nebraska has organized a State Medical Society. — The next International Medical Congress will be held at Vienna. — D. Appleton & Co. announce a translation of "*Vogel on Diseases of Children*," by H. Raphael, M. D., a work which has been published in six different languages, and has reached four English editions.

Dr. Hay, of Philadelphia, publishes in the *Reporter* of Nov. 6th, an important and interesting account of the use for injections of "The Long tube in Intestinal Obstructions." — W. Scott Thorne, M. D., of San Jose, reports, in the *Cal. Med. Gazette*, a case of fatal hemorrhage produced during the operation of filling glass bottles with carbonic acid water, in which the pressure the bottle is made to sustain, is 125 lbs. per inch. A piece of a fractured bottle severed the external and internal jugular veins, the superior and inferior thyroid, and vertebral arteries, and also penetrated the left pleura. — Geo. M. Butler, M. D., of New York, publishes in the *N. Y. Medical Journal* a report of a case of chronic pneumonia treated successfully with oxygen inhalations. — M. Chassaignac has performed amputation of the thigh twice by means of the ecraseur and saw, but does not recommend this manner of operation generally. — Dr. Finnell presented, at a meeting of the New York Pathological Society, Sept. 22d, a specimen of a fatty heart, having a rupture over one-half an inch in length, in a portion of the left ventricle one-half an inch in thickness. The patient was run away with, and was found in the wagon in a dying condition, without any apparent external injury, and it was decided that the lesion of the heart was caused by fright.

A new organic principle has been extracted from the sugar-beet, which yields a beautifully crystallized salt with acids, and is named "*betain*." — M. Guyot has de-

terminated, from an extended series of experiments, that coralline dye is not a poison, either when taken into the stomach or absorbed into the blood.—It is said that one-half the caffeine of coffee disappears in the process of roasting.—Colguet, of Paris, says that, for purposes of anatomy, sulphurous acid gas removes the earthy material of bone more effectually than hydrochloric acid does.—Fruit stains may be removed from clothing by wetting the spot with a solution of hyposulphite of soda, and then sprinkling on tartaric acid.—Prof. Schutzenbuger is reported to have discovered a new sulphur acid formed by the action of zinc on sulphurous acid, which he names "hydrosulphurous acid," and symbolizes as  $SO, HO$ . It has a reducing power equal to that of nascent hydrogen, bleaches indigo, and forms a characteristic salt with soda.

Dr. Wm. M. Wood, of Maryland, who has been in the Naval service forty years, and who is thoroughly alive to the matters at stake in this department, has been appointed Chief of the Bureau of Medicine and Surgery of the U. S. Navy.—Profs. Hebra and Sigmund have, for twenty years, been professors extraordinary at Vienna without recompense, and at length, says the *Union Medicale*, they are named professors in ordinary.—Nelaton has performed ovariectomy sixteen times, nine of which cases were successful. In the case of unilocular cysts, with contents of a quite fluid character, he uses an injection of iodine, which he thinks acts in the same manner as it does in the cure of hydrocele.—Dr. G. M. Beard, of New York, in a letter to the *Record*, says: "Next to Humboldt, the scientific name which is dearest to the masses of the people in Berlin, is that of Græfe."

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## National Convention for the Revision of the United States Pharmacopœia.

The President of the last Pharmaceutical Convention for the revision of the U. S. Pharmacopœia, announces the following resolutions adopted at that time, respecting the coming decennial revision of the same:

"1. The President of this Convention shall on the first day of May, 1869, issue a notice, requesting the several incorporated Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy throughout the United States, to elect a number of delegates not exceeding three, to attend a general convention to be held at Washington, on the first Wednesday in May, 1870.

"2. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the pharmacopœia to a careful revision, and to transmit the results of their labors, through their delegates, or through any other channel to the next convention.

"3. The several Medical and Pharmaceutical bodies, shall be further requested to transmit to the President of this Convention, the names and residents of their respective delegates as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the Medical Public, in the newspapers and medical journals in the month of March, 1870."

In compliance with the above resolution, the President of the convention announces that a meeting will be held in Washington, D. C., on the first Wednesday in May, 1870, and requests that the several incorporated bodies shall after a revision of the United States Pharmacopoeia, send the results of their labors to the Convention, and further requests that they transmit to the President the names and residences of their several delegates as soon as elected, that the list may be published.

GEO. B. WOOD,  
President of the Convention of 1860.

## Books Review.

*The Mechanism of Dislocation and of Fracture of the Hip. With the Reduction of the Dislocations by the Flexion Method.* By HENRY J. BIGELOW, M. D. Philadelphia: HENRY C. LEA, 1869.

This is the most valuable contribution, to our knowledge, of the injuries in question. The whole subject is presented and illustrated in unsurpassed manner; and the views of the author, as presented and explained, will carry conviction wherever attentively considered. This work is invaluable; and every surgeon who has had any experience in the care of these injuries will peruse it, again and again, with the greatest satisfaction. The illustrations of the manner in which reduction of dislocation of the hip can be made by manipulations are exceedingly beautiful and instructive, and the general style of the publication of the work is unusually attractive. It is a subject of so great importance that we quote the author's

### ABSTRACT :

1st. The anterior part of the capsule of the hip joint is a triangular ligament of great strength, which, when well developed, exhibits an internal and external fasciculus, diverging like the branches of the inverted letter Y. It rises from the anterior inferior spinous process of the ilium, and is inserted into nearly the entire length of the anterior intertrochanteric line.

2d. The Y ligament, the internal obturator muscle, and the capsule subjacent to it, are alone required to explain the usual phenomena of the regular luxations.

3d. The regular dislocations are those in which one or both branches of the Y ligament are unbroken; and their signs are constant.

4th. The irregular dislocations are those in which the Y ligament is wholly ruptured; and they offer no constant signs.

5th. In the regular dislocations of the hip, the muscles are not essential to give position to the limb, nor desirable as aids in its reduction.

6th. The Y ligament will alone effect reduction and explain its phenomena, a part of those connected with the dorsal dislocations excepted.

7th. During the process of reduction, this ligament should be kept constantly in mind.



8th. The rest of the capsule, except perhaps that portion beneath the internal obdurator tendon, need not be considered in reduction, if the capsular orifice is large enough to admit the head of the femur easily.

9th. If the capsular orifice is too small to allow easy reduction, it should be enlarged.

10th. The capsular orifice may be enlarged at will, and with impunity, by circumduction of the flexed thigh.

11th. Recent dislocations can be best reduced by manipulations.

12th. The basis of this manipulation is flexion of the thigh.

13th. This manipulation is efficient, because it relaxes the Y ligament, or because that ligament, when it remains tense, is a fixed point, around which the head of the femur revolves near the socket.

14th. The further manipulation of the flexed thigh may be either by traction or rotation.

15th. The dorsal dislocation owes its inversion to the external branch of the Y ligament.

16th. The so-called ischiatic dislocation owes nothing whatever of its character, or its difficulty of reduction by horizontal extension, to the ischiatic notch.

17th. "The ischiatic dislocation" is better named "*dorsal below the tendon*," and is easily reduced by manipulation.

18th. The flexion of the thigh and downward dislocations is due to the Y ligament, which, in the first, also everts the limb, until the trochanter rests upon the pelvis.

19th. In the pubic dislocation, the range of the bone upon the pubes is limited by this ligament, which, in the sub-spinous dislocation also, binds the neck of the femur to the pelvis.

20th. In the dorsal dislocation with eversion, the outer branch of the Y ligament is ruptured.

21st. In the anterior oblique luxations, the head of the bone is hooked over the entire Y ligament, the limb being then necessarily oblique, everted and a little flexed.

22d. In the supra-spinous luxation, the head of the femur is equally hooked over the Y ligament, the external branch of which is broken. The limb may then remain extended.

23d. In old luxations, the period during which reduction is possible is determined by the extent of the obliteration of the socket, the strength of the neck of the femur, and the absence of osseous excrescence.

24th. Old luxations may possibly require the use of pulleys, in order by traction to avoid any danger which might result to the atrophied or degenerated neck of the bone from rotation.

25th. Right-angled extension, the femur being flexed at a right angle with the pelvis, is more advantageous than that which has usually been employed.

26th. To make such extension most effective, a special apparatus is required.

#### FRACTURES OF THE NECK OF THE THIGH-BONE.

1st. The terms intra- and extra-capsular, applied to these fractures, have little practical significance.

2d. When a fracture near the head of the femur shows bony union, it is often impossible to say whether such a fracture was originally inside or outside of the capsular ligament.

3d. These fractures are therefore better divided, for practical purposes, into: 1st, the impacted fracture of the neck into the trochanter; 2d, other fractures of the neck.

4th. In this impacted fracture, the limb is everted, because the posterior cervical wall is almost always impacted, the anterior very rarely, and in a less degree.

5th. These conditions mainly result from the relative thickness of the two walls.

6th. While eversion is due to the rotation of the fractured bone on a hinge formed in the anterior cervical wall, shortening is generally due to the obliquity of this hinge.

7th. In a well-formed bone, the posterior and thin surface of the neck of the femur is prolonged into the cancellous structure beneath the intertrochanteric ridge and is the true neck.

8th. The posterior intertrochanteric ridge is a buttress built upon the true neck, by which, when impacted, this ridge is sometimes split off.

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*A Handy-Book of Ophthalmic Surgery for the use of Practitioners.*

By JOHN Z. LAURENCE. Philadelphia: HENRY C. LEA, 1869.

The Handy-Book of Ophthalmic Surgery is well described by its name, for the effort to bring the principles and practice of modern Ophthalmic Surgery within a small compass has been most signally successful. The very busy practitioner, with neither time or opportunity to read the larger and more complete works upon Ophthalmology can, in this, find a condensed and satisfactory description of the present science and practice of Ophthalmic Surgery. We have complete chapters upon the following subjects, which really include the whole field of practice in this department: "Methods of examining the eye; general remarks upon Ophthalmic operations; diseases of the orbits, of the eye-lids and eye-lashes, of the lachrymal apparatus, of the muscles of the eye; injuries of the eye and orbit; diseases of the conjunctiva, of the sclerotic, of the cornea, of the iris and ciliary body, of the crystalline lens; amaurosis and amblyopia; glaucoma; diseases affecting the whole eye-ball; on vision; optical defects of vision." To which is added a complete index.

In looking over the whole work, we see that it is most admirably adapted to practical men, and to the wants of medical students who desire to follow lecturers by reading some standard and reliable author. It is fully up with the present views in Ophthalmology, and supplies, in a most desirable form, all that can be desired by the general practitioner, and by medical students.

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*Physical Culture in Amherst College.* By NATHAN ALLEN, M. D., Lowell, Mass.

At the request of the board of trustees of the above named institution, the author, one of their number, presented, at their last annual meeting, this report of

the introduction, plan, history, results, advantages and importance of the system of physical culture which they have in charge. As being a thorough resume of a system of gymnastic training which is thoroughly successful in its operation, this report is of wider interest than its title would indicate. The propriety and necessity of the physical and hygienic education of students in educational schools is well recognized, while efforts in this direction have been, to a great extent, failures. The success of the system which is described, we attribute to the relative rank of the professorship and true importance of the department being recognized both officially and practically; and again, also, to the whole-souled, energetic character of him who is placed in immediate charge of the department. Says the author:—"In an institution where a large body of students require daily exercise, with as little exposure and loss of time as possible, the lighter gymnastics, as here practiced, are undoubtedly best adapted to effect the object designed, and accordingly the light gymnastics are conducted after the manner of military drill, for which all are required to appear, while a portion of the time is also spent in voluntary exercise on the heavy apparatus." The design is, that all the muscles of the body should be exercised in a manner to equalize heat the circulation of the blood—to expand the lungs—to aid the stomach in the digestion of food—to strengthen the joints—develop all parts of the body in harmony with the most efficient action of the brain. We should like to have seen stated an opinion as to the compatibility of hard mental labor, and the same degree of physical exertion, as derived from the author's experimental observation. Prof. Hitchcock's carefully recorded statistics in the appendix of the report sustain the general observations respecting the salutary effects of the system, to the inspection of which we invite any who are concerned in a matter of present and future importance.

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*Carbolic Acid. Its action and uses.* By CHAS. F. J. LEBELBACH,  
M. D., Newark, N. J.

In this report, which is reprinted from the Transactions of the Medical Society of New Jersey, are presented the results of the author's own experience in the use of this agent, the cases of which are thus enumerated: "As a dressing to wounds; in carbuncles; in conjunctivitis; burns and scalds; in dissecting wounds and pustules; in various species of impetigo, mentagra, scabies, gonorrhoea, chancre, leucorrhoea, herpes, diphtheria, diarrhoea in children and the sickness of pregnancy." Carbolic acid, notwithstanding the prejudice which it had to encounter as an innovator, has established itself as of real value to the profession. In surgical dressings it acts as a deodorizer, stimulant and anti-zymotic; and its use has been followed by marked results, but its value, when used internally, is not so well demonstrated. It is quite probable that creosote would have accomplished the same results as this agent now does, had not its odor limited its use.

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*Hygiene in its relations to Therapeutics.* By ALFRED L. CARROLL,  
M. D.

In this work the author directs attention to the possible application of hygienic agents to special pathological indications. "Many maladies formerly supposed to

demand the most energetic interference of remedial art, are now known to be self-limiting, with a natural tendency to termination in health, and not capable of being shortened or materially modified by the administration of drugs; and it seems probable that all so called acute diseases may be classed in this category. In these, and in the treatment of diseases generally, many, perhaps most enlightened physicians of the present day, recognize the subordination of pharmaceutic agents to hygienic influences." The author, as one of the editors of the *New York Medical Gazette*, has had ample opportunities of observation respecting the true progress of medical science.

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*A Course of Practical Chemistry arranged for the use of Medical Students.* By WM. ODLING, M. D., F. R. S. *From the Fourth revised London edition.*

This work is a valuable manual of qualitative analysis for the use of students in laboratory and office practice. The author is a chemist of eminence, who is at present preparing a large and valuable work on chemistry, which is being published in London. The first chapter of this book gives an introductory description of chemical reactions and manipulations; the second chapter presents the regular method of examination for, and individual detection of, bases and their groups, and of the acids; chapter third embraces toxicological examination; the last chapter is on animal chemistry, of which the part on urinary examination is especially simple, systematic, and determinative.

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*Proceedings of the Texas State Medical Society.*

The convention for organizing the Texas State Medical Society was held in the city of Houston, June 15th; and, on the two succeeding days, the Society adopted a constitution, by-laws, and the code of ethics of the American Medical Association. These are published in full in the report of the proceedings, which have been extensively distributed throughout the State.

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*Annual Address delivered by W. O. BALDWIN, M. D., before the American Medical Association.*

The introductory part of the address is quite excellent in tone, and is well calculated to establish good-will among the members of the profession. It is very proper, also, that the attention of the Association should have been thus directed towards, and the efforts of its members enlisted in, the attainment of a higher standard of education for the medical profession of our country. It is to be hoped that every such effort will be crowned with new success.

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*Fœticide or Criminal Abortion.* By HUGH L. HODGE, M. D.

A lecture introductory to the course in Obstetrics and Diseases of Women, relating to the criminality of Fœticide is here presented by the author, in a convenient form for general circulation.

*Oregon Medical and Surgical Reporter.* Edited by E. R. FISKE, A. M., M. D., Salem, Oregon.

We are happy to welcome this new contribution to current medical literature and to our exchange list. The editor is the "Professor of Theory and Practice" in Willamette University, the Faculty of which institution act as his assistant editors while a number of the prominent professional men of the State have accepted positions as collaborators. The spirit of the editorial address is good, and supported by such a professional corps, the journal cannot fail to be worthy of support.

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*The Chicago Medical Journal* has been entrusted for publication to Messrs. Keen & Cooke, Nos. 113 and 115 State Street, Chicago, who have brought out the journal in new type and dress, in which it presents a very becoming appearance. The editors, Drs. J. A. Allen and Walter Hay, relieved of a complication of duties, will now devote themselves to editorial matters exclusively.

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### Books and Pamphlets Received.

A Compend of Materia Medica and Therapeutics. For the use of Students. By John C. Riley, A. M., M. D., Professor of Materia Medica and Therapeutics in the National Medical College; one of the Physicians of Providence Hospital, Washington, D. C., etc.

Transactions of the Twenty-Fourth Annual Meeting of the Ohio State Medical Society, held at Columbus, June 8th, 9th and 10th, 1869.

History of Four Cases of Chronic Inversion of the Uterus; with the account of an Operation designed as a substitute for Amputation. By T. Gaillard Thomas, M. D., New York.

First Annual Announcement of the Kansas City College of Physicians and Surgeons, Kansas City. Mo.

Aiken; or, Climatic Cure. By Amory Coffin, M. D., and W. H. Geddings, M. D.

Catalogue of the Museum and Library of the Hahnemann Medical College of Philadelphia.

Pepsin: Its Physiological and Therapeutical Actions. By J. S. Hawley, A. M., M. D.

Bossange's Catalogue of Periodicals. An abridged list of the principal French papers and serials, with prices of subscription for Paris and the United States.—Gustave Bossange, 25 Quai Voltaire, Paris.

BUFFALO

# Medical and Surgical Journal.

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VOL. IX.

DECEMBER, 1869.

No. 5.

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## Original Communications.

**ART. I.**—*Lecture Introductory to the Course on Materia Medica and Hygiene, delivered before the Medical Class of the University of Buffalo, Nov. 28th, 1869.* BY CHARLES A. LEE, M. D.

Published by request of the Class.

The study of *Materia Medica* is designed to acquaint the medical student with the uses and powers of remedies, and prepare him to make a proper selection to meet the ever-varying phases of disease. The importance of this kind of knowledge cannot be appreciated until the actual emergencies of practice arise, and the necessity becomes apparent of an extended and thorough knowledge of the weapons for combating disease.

As Anatomy, Physiology and Chemistry form the basis of all scientific medicine, so they form the foundation of Therapeutics—without them, all other knowledge is empirical and unsatisfactory. But it is the certainty and excellence of our diagnosis which gives to therapeutical medicine such an advantage over that of antiquity. We are no longer obliged to grope our way in the dark, and guess at the causes, nature or seat of, disease; a knowledge of these enables

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**NOTE.**—This lecture was written with no view to publication, nor does it lay any claim to originality. The ideas and, in some cases, the language of others has been freely used. But, as the class has asked for its publication, the writer has reluctantly consented. L.

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us to aim directly at its removal or alleviation. By the aid of chemistry, the materia medica has been vastly simplified ; for, instead of the crude articles of bulky and distasteful drugs, we now accomplish vastly more by using their concentrated active principles. Every year this branch of medicine is becoming more and more simplified, and more certain and efficient. Useless and inert remedies are dropped from our list, while others of greater power are added. Pharmaceutical Art, the handmaid of Practical Medicine, walks hand in hand with Therapeutics, while Physiology and Pathology remove all obstacles from their path. It is difficult to understand how physicians of a former age could place much confidence in the power of drugs to cure disease, as long as they were ignorant of its conditions, its causes, nature and seat. It has required the experience of many centuries to teach us what we know of remedies, or the natural history of diseases—that is, the course they will run uninfluenced by medication ; and there is a large and popular school of practitioners among us, that seem not yet to have learned even this, but ever reasoning on the *post hoc, ergo propter hoc* principle, attribute all recoveries to the specific antidotal power of drugs, giving nature, with her conservative and recuperative forces, no credit whatever. But the practitioner who knows so little of pathology as to be unable to discriminate diseases, so little of physiology as to confound morbid with healthy function, and so little of signs and symptoms as to be unable to determine their value and significance, has mistaken his calling, and would do better to follow some mechanical pursuit which requires little or no thought, no reasoning faculties and no logic.

I doubt not, gentlemen, that some of you come to the study of the materia medica with more or less of prejudice and preconceived bias. You may have unconsciously imbibed some of the scepticism which characterizes the age, in regard to the curative powers of drugs, or the value of specific medicine. It were strange, indeed, if you had not ; an age of credulity is apt to be followed by one of scepticism. It is so in religion, and it is so in medicine. You have heard that, with the varying views of physiology, pathology and medical philosophy, the department of therapeutics—the only part of medicine for which the public cares—has, of late years, lost its stable foundations, and is of no more account. Slight observation

must have revealed to you the fact, that a fashionable and widely prevalent doctrine is, that drugs are of little or no service in the cure of disease; that venesection should be wholly dropped; that counter irritation is barbarous; that emetics are savage—a relic of canine and feline practice; cathartics abominable; and that our true stronghold is the “efforts of nature.” Expectantism and nihilism are the pass-words of the hour. You have, perhaps, even heard some physicians say, “I don’t believe much in drugs;” and they may add, “formerly I used to have twenty remedies for every disease, but now I have twenty diseases for one remedy.” Such practitioners have dropped blood-letting long ago; not because it was not often very useful, but because the various phases and hordes of charlatanry have proved too strong for them. It is, certainly, a most remarkable fact, that after this remedy has been successfully used by physicians for many centuries, it is now scarcely mentioned, either in our schools or standard works on the practice of medicine; and the great mass of our physicians rarely, if ever, use a lancet, or even carry one in their pockets. The profession yields to popular clamor, science to sciolism, and “*medicine expectante*” is the result. Fortunately, so far as bleeding is concerned, other remedies have been introduced which frequently answer as a substitute, such as aconite, veratrum and chloroform.

It will be my aim, in the present course of lectures, to vindicate the claims of drugs as efficient agents in the cure of disease; to show that we are not only the interpreters of nature, but her aiders and controllers; and that, by means of the instruments furnished us by the vegetable, animal and mineral kingdoms; and that, if we do not employ them, we are more stupid than the lower animals, whom instinct prompts to resort to them for the relief of their sufferings. An adequate knowledge of the pathology of disease will go far to limit your endeavors to what is rational and practically attainable; for it is only the half educated physician who promises impossible cures. Such knowledge will teach you what is feasible in our art, and what is not, so that you may not attempt what is impracticable, or be disappointed because you cannot always accomplish your aims. Age, knowledge and experience, it is true, tend to narrow the scope of our ambition as well as our expectations. In this way, chiefly, age and experience may, and do, tend to lessen the amount of drugs



administered ; for, when we have learned, by long and careful trials, what medicines can or cannot do, we are prepared to spare our patients the trouble or the danger of hypermedication. The allegation is a very old, and probably a true one, that young practitioners expect too much from drugs, and, at the same time, undervalue the importance of hygienic agents, which, if important to preserve, are equally so to restore health when lost. It is very certain that these latter always rise in value in proportion to the extent of our experience in the treatment of the sick ; and because this is so, physicians, as they advance in age, are supposed to undervalue the efficacy of medicines proper. But this charge is quite unfounded in regard to all well educated practitioners who keep abreast with the science of the times, and thoroughly posted in therapeutical knowledge. Those who grow old without study, who see but never observe or reflect, may, and often do, salve over their deficiencies, by avowing their scepticism as to the utility of drugs and medication ; but, when we hear such comments on the inefficiency of our therapeutical efforts, we may at once draw the conclusion, that the utterer of such wisdom is merely finding some excuse or cover for his own ignorance and short-comings.

But, gentlemen, whatever may be the scepticism of some physicians in regard to the value of medical treatment, our warfare against disease is not a vain warfare. Since the days of Sydenham and Bacon, at least, every year has been marked by progress in our science ; at some periods it has been slower than others, according as the inductive or deductive philosophy has prevailed, but the advance has been constant. It is true the elements with which we have to deal in our therapeutical and biological studies are numerous and diversified, subject to an almost infinite variety of combinations ; but, still they are governed by laws, not caprice—laws ascertainable by study and observation—a knowledge of which lies at the foundation of all progress, and which should constantly stimulate to further and more determined efforts. To arrive at rational and stable conclusions in therapeutics, we must appreciate the correlation of all ascertained facts in the several departments of science ; of co-ordination, by careful comparison of all the materials acquired by observation and rigid induction. We need, it is true, a more precise and accurate acquaintance with the specific powers and virtues of

drugs—not by experiments on healthy individuals, for they can do nothing when nothing is to be done; but, by careful observations and experiments made in disease as well as health. Who would, for example, ever have learned that opium would relieve pain or spasm, if it had not been given for their relief, and when they were present, and so of all other drugs. Let us not undervalue the discoveries of the past. Look at the inestimable value of our *materia medica*. What admirable remedies for allaying pain and spasm, and producing sleep; of benumbing the sensibility of nerves so that the knife of the surgeon is no longer felt; of extinguishing fevers; annulling inflammation; putting a stop to the paroxysms of intermittents; curing or preventing epileptic attacks; controlling the progress of gout and rheumatism; correcting morbid states of the blood, its secretions and excretions; of neutralizing and destroying poisons, whether introduced by design or accident; of checking the progress of tuberculosis, and curing scorbutic and scrofulous affections; in short, of alleviating or curing a large proportion of the maladies which afflict the human family.

When you hear it asserted that the philosophical spirit of the age is opposed to a belief in medicines, you must recollect there is a fashion in medicine as well as in every thing else. But there are signs of a coming reaction, going to show that, in the practice of our profession, drugs are again to find their legitimate place; that blood letting, local and general, is again to occupy its proper sphere. We are now living in a transition period of medicine, when the elements of our science, and even its foundations, seem to be undergoing re-arrangement. Our former notions of structure and function, and vital changes, were, doubtless, partial to some extent, lacking in precision, and often incorrect; and so, also, were some of our notions in regard to the physiological and curative powers of drugs and their mode of operation. Within my own recollection the pathology of many most important and fatal diseases has undergone a complete change, and a corresponding change of treatment has followed. I need only refer to tubercular diseases, which formerly were supposed to have an inflammatory origin, and treated with antimony, bleeding, and counter-irritation, but are now attributed to morbid changes in the blood, due to faulty, primary and secondary assimilation of food, and often controlled or cured by appropriate

stimulants, tonics, and nutriment; and so of many other affections. We have at length reached the grand generalization, that a large proportion of local disorders and organic affections have a constitutional origin, and that we must look primarily to the assimilating functions; the healthy blood-making processes, which imply sound innervation; the due activity of the secretory and excretory functions; proper vitalization of many constituents, as lying at the very foundation of health, as well as the successful treatment of deviations from it. We have sought to individualize disease too much, to seek specifics for every malady known to medical nomenclature instead of adapting our remedies to the correction of vital actions, and controlling physiological conditions by proper hygienic agents, as well as wisely selected medicines.

He must indeed be blind, as well as sceptical, who denies the existence of certain special powers in drugs—such as iron to remedy a deficiency of globuline in the blood, or of fish oils to nourish the fatty tissues by furnishing a richer chyme, &c. Who can doubt that we can, by the use of appropriate remedies, render old deposits of inactive character more susceptible of organization, and therefore of removal; that we can hasten the absorption of the plastic exudations of inflammation; that we can restrain excessive secretion and excretion, and so prevent waste; that we can strengthen the nervous and muscular system by suitable tonics and stimulants; or, that we can lower morbid susceptibility to reflex impressions by proper sedatives; in short, that we can alleviate or cure a vast proportion of human maladies?

Those who distrust the value of medication refer us, with an air of triumph, to the acknowledged fact, that many diseases are self-limited, and run their course with safety without the aid of medical treatment. Admitting this, it by no means follows, that their violence may not be abated, and their tendencies to permanent evil be prevented by proper management. There is no disease, however trifling in appearance, but which requires watching by a careful physician: none in which serious complications may not suddenly occur requiring medical interference. Many of our incidental diseases may be arrested in their progress by appropriate treatment, while many of our fevers, when no complications arise, need no other remedies than pure air and suitable nourishment.

Gentlemen, while some eminent practitioners hold that therapeutics is wholly an empirical science, if, indeed, a science at all, I must maintain that it derives most important aid from physiology and pathology; and, in fact, that these have led to the discovery of some of our most important remedies; and that experiments on the lower animals, and on healthy human beings, have been of great scientific value. While we reject no conclusions derived from carefully observed and well ascertained empirical facts, we must not reject those founded on the physiological action of drugs. It is by combining the two methods, that therapeutics has made more progress during the last quarter of a century than for the preceding one thousand years. Look, for example, at the successful treatment of epileptic and paralytic affections by Dr. Brown-Sequard, based wholly on his physiological experiments and pathological facts—results which would never have been attained by relying on empirical observation. You can judge as to the value of such knowledge when you look back and find the recipes of Galen, sometimes containing a hundred different articles, and most of them inert, followed, without variation, for more than one thousand five hundred years. When you see healing medicaments, so called, composed of oil and wine, and a thousand inert or irritating substances, used for the healing of wounds, ulcers and sores; and when you find warm drinks, and the heating regimen, prescribed for fevers, inflammations, small pox, and the whole class of exanthematous affections, without a single doubt of their efficacy. To establish therapeutics on a firm foundation, and arrive at trustworthy and useful rules for the treatment of disease, while we need the most careful and intelligent investigation then of the curative effects of medicines, we must also keep pace with physical diagnosis, physiology, pathological anatomy and pathological chemistry.

Nor should we, through fear of the evils of perturbation, adopt the error of postponing all medical treatment of disease until our knowledge of the action of medicines, and our insight into pathological processes, be so far advanced that our means of cure be self-evident. Such a goal can never be reached, and in the inscrutable designs of Providence, it may never have been designed to be attained; for it is idle to hope that the time will ever come when a

medical prescription should be the simple resultant, as Niemeyer expresses it, of a computation of known quantities.

Gentlemen, if therapeutics is to derive no aid from the other departments of medical science, and it must be studied by itself as an independent and peculiar branch of knowledge; if the empirical method of investigation is the only rational and proper one for the study of therapeutics, we may abandon the hope of any essential progress for many centuries to come.

I would fain hope that you come to the study of the *materia medica* in a liberal catholic spirit, with no blind attachment to any system or doctrine, whatever. Humility becomes us all, and especially those just entering on the threshold of medical study, who cannot be supposed qualified to sit in judgment on the merits of medical systems, or the advocates of any fashionable school or theory. It is your duty to study carefully, with all the best aids within your reach, the virtues, properties and uses of every weapon in the armory of the *materia medica*, no matter what its *modus operandi* may be. The only question should be, to what diseased conditions is it suited; and it matters not, so far as the suffering patient is concerned, whether the medicine is believed to act homœopathically or allopathically, provided it only act beneficially; and whether it act in the one way or the other, is probably known only to Him who formed us what we are. Why should a sane physician spend his time in trifles—in splitting hairs as to the mode of operation of remedies; in investigating the bearings of a so-called *law*, (*similia similibus*), whose very existence is doubted; the value of a mode of practice, which has been said to be, “not any thing, so much as a nothing, which looks like something.” Why place our trust in mythic potencies, or infinitesimal divisions of a dose, when we know we are not endowed with any such intense susceptibility to impressions, the existence of which would be incompatible with the continuance of human life for a single day. How any sane mind, witnessing the value of medicinal agents which have the acknowledged power of arresting and curing disease, should dare to rely on a species of therapeutic nihilism, I know not; and especially when the age is replete with discoveries tending to enhance the value and the certainty of our art; either by improving our knowledge of disease, or by assisting our comprehension of the action and vir-

tues of remedies. We are every day accumulating sure and authentic therapeutic facts unknown to our predecessors: every system yields some valuable fruit to scientific and practical medicine; and it becomes us not to enrol ourselves under the banner of any party leader, or clog our steps with the fetters of any pretended reformer. True science repudiates any such course; catholicity scorns all such slavery. When you know that the smallest well authenticated fact in therapeutics is of profound importance, you will, I trust, be inspired to persevering researches and study requisite to raise our art to the rank of an exact science—one which may not only take equal rank with the other departments of medicine, but be acknowledged as standing at their head.

However medicines may have been regarded in the past, there can be no rational doubt that they have accomplished vastly more good than evil. The evils of hypermedication, and perturbative treatment, are necessarily incidental to the administration of any active remedies, unless human judgment be infallible, which is not claimed. Evil is ever mixed with good. It is the dispensation of an all-wise Creator. The same intelligence has implanted in the human heart an instinctive belief in medication; and there has been no nation, barbarous or civilized, where this faith in the healing art has not existed. With Prof. S. H. Dickson, I would say, "far be it from me to defend, or even excuse, a promiscuous or indifferent employment of agents, possessed of whatever powers. It is the very essence of our art, the very purpose and object of our science to distinguish and appreciate the circumstances and occasions for our interposition; to enjoin abstinence from all blind and indeterminate action; to enforce the restraints of prudence and ensure the guidance of reason and experience. But I will not shrink from saying that reason as well as instinct, and the highest prudence, seem to me to justify, or rather to demand, an unhesitating interference—even if simply tentative—where our knowledge and experience fail us, in preference to an inactive, stolid submission. We must examine such contingencies on every side, and surrender ourselves to the dictation of some hopeful analogy, or some plausible, even if conjectural, *rationale*. It is plain, indeed, that without this instinctive, nay, we may call it involuntary, effort to cry for help, there never

would have originated an art of healing, never existed a divine science of medicine, such as we are hopefully engaged in building up. As a universal rule, in the obscurest ignorance, the most misty doubt, I would maintain that perturbation is better than inaction : in the former there is hope, even if we incur unavoidable danger ; in the latter, nothing but black despair—unpardonable acquiescence in suffering and injury.”\*

It is no valid objection to our remedies that they have power ; indeed, if they had not, they would do neither good nor harm. What is needed is, to know how to use them prudently, safely and usefully ; and this is the object of a course of instruction in this branch. First, to avoid all harm ; secondly, to do all possible good by their use.

Passive treatment may answer in passive diseases ; in those of an active character, something more is needed. A system of practice which can do no harm if it do no good, is a nonentity. Ours is both an art and a science ; its principles, rules and reasons, so far as I am acquainted with them, I shall endeavor to impart—though, so far as it is an art, of course, much of it is not teachable. The faculty of judgment is incommunicable, and medical sagacity has been called transcendental, as extending beyond the combination of all that can be taught by precept.

I have expressed a belief that a reaction is now going on in regard to bleeding, and other active modes of treatment ; and this opinion is based on what I hear and see around me. Physicians in extensive practice, who have not unsheathed their lancets for a quarter of a century, are again resorting to their use ; leeches are again in demand ; cupping is not an unfrequent operation ; and the belief is a very prevalent one, that the physician has something more to do than to wait and “expect.” I am old enough to have witnessed a complete medical cycle. I can remember when promiscuous blood-letting was the order of the day ; when mercury and antimony were regarded as the sheet-anchor in most fevers and inflammations. Diseases were then unquestionably of an acute and asthenic type, and needed depletion. There was no difference of opinion on this point. Then, gradually, dating from about the year 1832, when the cholera first appeared in this country, it is generally con-

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\*Studies of Pathology and Therapeutics, p. 176.

ceded, there slowly came on a change in the character of disease, as well as the constitutions of the subjects; both became asthenic or adynamic, and stimulants and tonics took the place of depletion and sedatives. The present generation of physicians, who have come upon the stage since then, and who have not witnessed this change of type and diathesis in its fullest extent, may possibly doubt its existence, or attribute a change of treatment to the influence of homœopathy, or some other system. But this would be a great mistake. The best observers, the aged practitioners, whose experience dates back nearly half a century, will tell you that this asthenic constitution of disease, and of subjects, culminated some time ago, and is now passing, or has, in a measure, passed away. There is much truth in the remark of Prof. Dickson, when he says: "I do not know—I scarcely suppose—that cathartics are more demanded; but I am satisfied that depletory measures of every other character, venesection especially among them, are not only coming again more into fashion, but are really more frequently called for and better adapted to the general requirements of ordinary practice." This able writer and teacher very appropriately refers to the experience of our late war in proof of his position; during which he says, "might have been seen under the most depressing contingencies of imperfect nutrition, shelter, ventilation, and clothing, the loss of blood to be far less impressive for evil than would have been supposed."

The stimulating practice, so excessive and so rife for many years, and especially during the war, in army practice, has been gradually yielding to more rational methods; and even writers like Prof. Bennett, of Edinburgh, who, a few years since, advised scarcely any treatment except stimulants for almost every disease, now recommends "a little careful depletion," now and then "leeches and cupping," laxatives, emetics, blisters, quinine, iodide of potassa, cod-liver oil, &c.

The successful practice of medicine is nothing more nor less than the application of common sense, in the use of remedies, with whose virtues and powers the practitioner has made himself acquainted. The rational physician ever follows the promptings of nature. If he finds a patient troubled with anorexia, he abstracts solid food; if there be heat and thirst, he prescribes ice, cool, effervescent or acidulated drinks internally, with cold or tepid sponging externally;



if prostration and languor oppress the patient, he recommends quiet and rest; for the head-ache and delirium of an overtaxed brain, he advises relaxation and abstinence from study, with perfect repose of body and mind; if light and noise annoy and disturb, silence and a darkened room bring relief; but if the great *Hahnemannian* law of cure be the guiding principle, let the practitioner immediately aim to add somewhat to these morbid conditions by intensifying their causes, and the cure is accomplished. If common sense revolt, and reason rebel, then so much the worse for both.

We have learned to rely on the specific antidotal power of *quinine* in the destruction of malarial poison, and the arrest and cure of the whole class of fevers depending on it. Why, then, should we despair of finding other specifics for other specific poisons, and diseases proceeding therefrom; our endemic, epidemic, pestilential and malignant maladies, which are now more than decimating the race? We have an effectual antidote to small pox in the vaccine disease; can we doubt there are, also, antidotes to all other exanthematous poisons—that of measles, scarlet fever, rubeola, typhoid fever; as well as of typhus, cancer, asiatic cholera, diphtheria, &c.? Specific poisons, undoubtedly, have their specific antidotes; which remain to be discovered by future research. There is some reason to hope that we already have such a general antidote in the alkaline and earthy *sulphites*. Though known in medicine for more than forty years, and employed successfully by M. Chaussier, in Paris, twenty-five years ago, they remained almost unknown to the profession till Prof. Polli, of Milan, again brought them into notice some ten years since. From that time till the present, they have been more or less employed, until their effects in general, and the safety of their administration are now widely known, and their value confirmed by the testimony of many eminent men in various parts of our country as well as Europe. They have not only been successfully used for the cure of intermittent, remittent and typhus fevers, but also of small pox, measles, erysipelas, cerebro-spinal meningitis, scarlatina, yellow fever, puerperal metritis, and indeed most diseases depending on blood poisoning. That these sulphites are absorbed into the blood, and therein exert their antiseptic properties directly upon the *materies morbi*, which gives rise to the disorders, is generally conceded by those who have studied their operation most carefully.

I have already alluded to the immense advantages our science has derived from the more accurate diagnosis which distinguishes our age from every preceding one, and need only refer, in addition, to physical exploration in diseases of the chest—the ophthalmoscope in those of the eye—the laryngoscope of those of the larynx—and the sphymograph, which aids so essentially in determining the character of the pulse in diseases generally. I am reluctantly compelled to pass over the many admirable and new remedies which have been successfully introduced into practice in our times, including our indigenous plants and their active principles, alkaloids, resinoids and neutrals; but I may, in passing, refer to that sovereign remedy for asthma and other affections, the respiration of compressed air, so highly appreciated by the faculty in Germany and France, and so justly extolled by Niemeyer in his recent work on Practical Medicine, (vol. 1, p. 89.)

In the present strife and competition for medical business, the question has come to be, not so much what is best for the patient but what is safest for the practitioner. What course of treatment will give most satisfaction to the family and friends in case of the patient's death? Bleeding, against which so much unjust prejudice has been raised by quacks and their abettors, must at all events be avoided, else it may be said, the patient died from the treatment, and not from the disease. The bug-bear of weakness is always a ready excuse for the timid and routine practitioner, who hesitates not to let his patient perish by neglect of the only remedy that promised success. No matter; he saves his own reputation, so far, that it cannot be said he caused the death of his patients by his active treatment; he only lets them die without any treatment at all!

Time would fail me to speak of the vast additions to our therapeutic knowledge during the last half century; greater, I doubt not, than during all the centuries since the christian era. And such are the present indications of the future usefulness and glory of the divine Art of Healing, that we are fully justified in indulging the most sanguine anticipations of still more rapid progress in the future.

The discovery of the prophylactic power of vaccine virus; of quinia and the other vegetable alkaloids; of anæsthetic agents; of hypodermic injections in neuralgia and other painful affections; of

the process of atomization of concentrated remedies for internal as well as external application ; these, and many other new remedies and processes, each for itself, would serve to form an important epoch in the history of our science. Owing to the discoveries and improvements in medicine, the value of human life has been already nearly doubled, and the present cultivation of physiological and sanitary science, promises the most important benefits and results, as connected with the health of individuals and communities.

In the study of this department of medicine, gentlemen, you are not to forget that the sciences, and their various branches, are all bound together by indissoluble links. We separate them for our convenience ; but, when we analyze all the facts and phenomena of the external world, there would seem to be, underlying all, one *great force*—one primal mover, out of which, with unvarying precision, the great phenomena of the universe proceed. To this result all recent physical researches seem to tend. *Heat*, itself, seems but a mode of motion ; heat, at certain temperatures, becomes *light*—*light*, in its turn, as we see in the photographic art, becomes the source of *chemical change*—chemical force becomes *galvanism*—galvanism is converted into *magnetism*—*motion* generates *electricity* and *heat*—galvanism and magnetism produce *heat*, *light*, *electricity* and *motion*. We may even go a step further. It is the heat and light which emanate from the sun, which causes plants to live. The heat and light become chemical force in the plant, all growth becomes active, the phenomena of vitality are manifested. Suppose the rays of the sun are withdrawn—the phenomena of life diminish ; chemical change ceases—plant life grows sluggish—the plants drop their leaves—some die—and a dormant vegetation characterizes our winter months—to be roused into life and activity again when the solar warmth of spring returns.

You see here what is called a correlation of physical and vital forces ; but this correlation does not end here. During the life of the plant, there has been deposited sugar and starch, and gluten, in its roots, in its stem, its leaves, and its seeds. These are the food of animals. Withdraw this food and they die. The chemistry of the sun's rays has created these proximate principles, so called. This chemistry is undone, so to say, in the animal—it becomes animal heat—it becomes animal motion, or rather muscular force in

the muscles; and that most mysterious and refined of all motions, nerve force, by which the spiritual consciousness of man becomes cognizant of sensations—accumulates ideas, reasons and becomes an intelligent, conscious and responsible being.

In this way, we can get a glimpse of a real connection of the sciences—of a dependence of one upon the other. You see that there is no sharply defined line between the various departments of science any more than there is between the different branches of medicine: each contemplates facts and principles, which are more or less common to all. Our consciousness of health and sickness is one of the most common facts of our existence; and we have no records of communities of men who are not cognizant of disease as opposed to health; and, as already remarked, who do not employ some measures, whether efficacious or not, for the cure or prevention of disease.

The subject of Hygiene will occupy some of our attention during the present session. Hygiene, as you are well aware, differs from medicine—the first prevents, the latter cures, disease. Perhaps it might properly be called preventive medicine. It is very closely connected with physiology, which teaches us the laws of health, or the laws of life; and also with chemistry, which reveals to us the nature of poisons, whether taken in with the air we breathe, the food we eat, or the fluids we imbibe. Hygiene aims to discover the causes of disease and death, and the means of so averting and altering these causes as to prevent those calamities; and, to do this, it classifies the great factors of life under *air*, *water*, *food* and *heat*, and all the various questions that hygienic enquiries bring up, may be classified under one or more of these.

Thus, there is no animal life without *air*. The humblest monad needs for its existence a supply of oxygen gas. Its life motions are derived from the oxygen producing chemical changes in its interior, and so of all other living beings. Man is but an aggregation of monads. Each living cell of which his body is made up, contributes to the aggregate of his life, only as it is acted on by the oxygen of the air. This fact lies at the foundation of a thousand hygienic enquiries and sanitary facts. It is the necessity for the oxygenation of our tissues, that gives all their importance to our enquiries into the ventilation of dwellings and work shops, of school houses, churches, stables—in fact of all places where living, breathing be-

ings have to live. It is this fact which lies at the foundation of all our anxiety about over-crowding of tenement houses, factories and shops. By the aid of this great primal fact, we explain the unnecessary amount of disease and death from scrofula and consumption; and the more this great fact is heeded and recognized, in that proportion will longevity be promoted, and the health of cities and communities enhanced. But we are also to remember, that the air we breathe not only supplies us with oxygen, but it is the great repository of all that is exhaled from the earth, and from decaying matters on the surface of the earth, and that it often comes to us, as well as the lower animals, loaded with poisons—chemical agents which, absorbed into the blood through the lungs, work their destructive action on the frame, and either damage the functions of life or destroy existence altogether. In fact, all the great questions of endemic, epidemic, miasmatic, and contagious diseases, find their appropriate place in our enquiries into the nature of impure and poisoned air!

*Water* is another factor of organic life. Without water no chemical or vital change can take place in the living body. Water enters into the composition of all organic beings. A large number of animals have their existence determined by water. A man weighing 150 lbs. contains 111 lbs. of water in his tissues. The oxygen that vitalizes his tissues is conveyed by water. The starch, the fat, the albumen, so necessary to the existence of animals, are all digested, absorbed, and conveyed to the tissues by water. These substances, through whose chemical change life is possible, are decomposed in the presence of water, and the products of this decomposition are carried off by the agency of water. All the higher animals drink water for this very purpose; and the adult human being, on an average, in one form or another, takes from 70 to 80 ounces of water daily. Water is the most potent of chemical agents; its solvent power is equal to that of the mineral acids, and it associates itself in nature with a vast variety of compounds with which it comes into contact in the external world. It dissolves both organic and inorganic matters, hence it may become so contaminated as to be unfitted for the purposes of life. From the inorganic world, it may take up the salts of lime, iron, lead, copper, arsenic and other compounds, in such quantities that, when taken into the human

body, it is not only unfit for healthy life, but it may become the source of immediate disease or death. Like the air, it may become the medium of introducing those definite organic poisons, which, kindling similar poisons in the living system, are at once the source of disease to others, and the death of the individual suffering from their action. Hence, among hygienic enquiries, none, perhaps, are more interesting and important than those relating to the quality of the water we drink; and not only this, but as connected with washing, cooking and manufacturing purposes.

But something more than pure air and water is necessary for the growth and well-being of the animal organism; it requires varied compounds of carbon, hydrogen, oxygen and nitrogen, in the shape of *food*. It is very evident that the purest air and water will be no protection from disease and death, unless the human system is supplied in its food with the elements necessary for the play of those chemical forces which result in life or vital phenomena. Not only must there be food supplying the materials of combustion and nutrition, but each tissue is built up and constituted in its own peculiar way. The blood must be supplied with chloride of sodium and iron—the bones with phosphate, carbonate and fluato of lime—the muscles with potash—the bile with sulphur—the saliva with cyanogen—the nervous structure with phosphorus—the hair, teeth and nails with silica—and a diet deficient in these materials may be a source of disease, as scorbutus. Formerly the navies of the world were decimated for want of fresh vegetables. Armies have been virtually starved on an excessive diet of salt beef. Children have been sacrificed by thousands by confining them to starchy food—arrow root and corn-starch. No matter how much pure air and water are furnished, the body must have all the elements, and all the minerals, which enter into its composition, in order to ensure health. This furnishes a clue to the question, what should constitute the food of man? what is a healthy diet? Here science and instinct tend to the same goal; they reach the same results, both in the case of man and the lower animals. And, in this connection, comes up the question of nervous stimulants—of alcohol, tea, coffee, tobacco, opium, indian hemp, &c., and especially the influence of alcoholic drinks. Are they, in any proper sense, food? Do they retard the

decomposition of the issues? Are they ever necessary, except as medicines? All these questions will be fully considered hereafter.

I have mentioned *Heat* as one of the factors of life. Provision for the artificial maintenance of heat is one of the proofs and signs of civilization. The naked savage may live on air, food and water. The civilized man must have warmth. There is no life where the temperature never rises above 32° F.; and a little above this we find only plants and animals of the lowest types and feeblest vital powers. But as we ascend the animal scale to birds and mammalia, we find animals constructed to maintain their own temperature, and thus become independent of external sources of heat. The commonly received theory of the function of calorification in animals is, that heat is maintained by the combination of the carbon of the food with oxygen, for we see animals living in cold climates maintaining their own temperature by large supplies of food. Indeed, their whole existence seems to be thus spent—for instinct teaches them that, without food, they speedily perish from cold. And such has been the experience of the arctic navigator. So man, if his food is scanty, heaps on clothing. If his dwelling is well warmed he needs less food and clothing. The cold of our northern winters is a great enemy of life, especially to the very young or the aged—a very cold day is the death-knell of thousands. Statistics show that the greatest mortality among those over sixty occurs in the coldest weather—and this, especially, among the lower and poorer classes, who are unable to procure necessary clothing or fuel. Philanthropists ought to turn their attention in this direction, and see, if means cannot be devised to save the lives which are now destroyed by cold. This is especially necessary in such a hyperborean climate as ours. Chest affections in winter are the representatives of bowel affections in summer. But then the latter are more amenable to treatment than the former. Pulmonary affections are the scourge of our winter months.

Gentlemen, let me recommend to you to study the laws of heat in relation to the life of man, so that you will, hereafter, not only be able to direct in the construction and warming of your own houses, and arrange your clothing so as to secure to yourselves immunity from temperatures destructive of health and life, but also, to aid by your counsel and advice, so as to secure the same blessings

to your friends and acquaintance, and to the community generally, where you may select your residence.

The future progress of medical science, as it seems to me, must rest very greatly on experimental and original research, which have a direct bearing on the treatment and cure of disease, and these experiments, to be worth anything, as a means of medical research, should be blended with, as well as constitute a true foundation of experience. It seems to me, gentlemen, we have now no other mode of progress before us. The history of medicine has all been written; the classification of diseases is well advanced; the symptoms of special diseases have been so fully described as to render diagnosis a certain science; the ordinary or descriptive anatomy of the human body is fully mastered; and so, also, is microscopic anatomy, as far as the skill of the optician will let it; morbid anatomy has been demonstrated until it has become a nearly wasteful repetition of labor; and surgical art, itself purely experimental, and therefore positive, has progressed so far as to be, in its operative part, all but perfect. Physiology and Pathology, it is true, open before us grand fields of research; but the field of Therapeutics remains comparatively unexplored—and it promises richer fruit, and higher rewards, than any other department of medicine. Empirical observation has done much, but scientific experiment promises far more. If you wish, gentlemen, to become true benefactors to science and humanity, to enrol your names in an honorable niche on the imperishable tablets of our noble art, enter this broad field of experiment and discovery, and contribute your share, however humble, to enlarge the boundaries of Therapeutical Science.

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## ART II—*Abstract of Proceedings of the Buffalo Medical Association:*

BUFFALO, Tuesday Evening, Dec. 7th, 1869.

The President being absent, the meeting was called to order by the Vice-President. Dr. ABBOTT was appointed as Secretary, *pro tem*.

Members present: Drs. STRONG, SAMO, WHITE, CRONYN, BURGER, TROWBRIDGE, PHELPS, WETMORE, DIEHL, ABBOTT.



Dr. DIEHL, the Treasurer, reported that the treasury was overdrawn, and that several bills had been presented which required immediate settlement.

Dr. ABBOTT said that, at the next meeting of the Association, he would read a paper on the Accommodation and Refraction of the Eye, and illustrate the anomalies of refraction—myopia, hypermetropia and astigmatism—by means of a camera.

Dr. JOHN J. BURKE was proposed as a member of the Association by Dr. DIEHL.

Dr. STRONG reported a case of rupture of the uterus, resulting in recovery, which occurred under his observation in Washington. The patient, a primipara, did not have a very severe labor; but before the head reached the superior straight, the pains suddenly ceased, the head receded, and, upon examination, it was found that the child had escaped through a rent in the uterus into the peritoneal sac. The feet were seized and the body delivered, but it was necessary to apply the forceps to deliver the head. The patient recovered, and a careful examination, made five or six weeks afterwards, revealed no trace of the injury.

The case was reported on account of the extreme rarity of recovery after so grave an accident. The records of about 44,000 cases of labor, show sixty-five cases of rupture of the uterus, and only six or seven recoveries.

Dr. WHITE said, that the woman who had a rupture of the uterus whom he saw, in consultation with Dr. Hawley some years since, and whose case was fully reported at the time in the *Buffalo Medical and Surgical Journal*, has since had a natural labor.

He thought that this accident was not so necessarily fatal as was generally supposed, and that the record of succeeding years would show many more recoveries than those of previous years. The essential thing in the treatment, was to remove the child at once, even though it should be necessary to resort to the Cæsarean section. A wound in the peritoneum is by no means certainly fatal.

He saw a case in Bartholomew's Hospital where a child had escaped into the cavity of the abdomen, through a ruptured uterus, two years and a half before. At the time of his examination there was a hard tumor in Douglass' *cul de sac*, which he recognized as a foetal head. He assisted Dr. Greenhalgh, who cut down upon it through

the posterior wall of the vagina, applied the forceps, and extracted the withered mummified body of a child. The patient made a good recovery.

Dr. CRONYN said, that the gravity of this accident depends on where it occurs, where and how it is relieved. It is most dangerous where the rupture occurs at the fundus or posteriorly. There is not much hemorrhage unless the rupture occurs through the attachment of the placenta. He thought that the os uteri was ruptured more frequently than was generally imagined. He had a patient who, in a previous labor, had suffered a laceration of the cervix to the extent of an inch and a half. As a consequence, she had several abortions, but he finally succeeded in closing the rent. She afterwards passed through a labor in safety, under his attendance; but, becoming pregnant again, she employed a midwife and died in labor.

Dr. WHITE made a motion that Dr. BURGER be requested to exhibit his Laryngoscope to the Association at some of its sessions.

Dr. BURGER said it would be impossible to move it and exhibit it satisfactorily in the Society's rooms, but invited the members of the Association to visit his office, where he would be pleased to show it to them.

Meeting adjourned.

FRANK W. ABBOTT, M. D.,  
Secretary, *pro tem.*

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ART. III.—*Sudden death of ISAAC F. BRYANT from supposed Heart Disease—Autopsy—Comments.* BY C. C. F. GAY, M. D.

On the morning of Monday, the 15th of November, 1869, Mr. Isaac F. Bryant, a most estimable citizen, fell upon the sidewalk on Exchange Street, opposite the Central Rail Road passenger depot, was immediately taken up in an attitude midway between the upright and recumbent position, and carried across the street, and laid upon a sofa in the National Hotel, where, after two or three gasps, he expired.

A coroner and two physicians were summoned, whose verdict, after examination, informally rendered, was "death from heart-disease."

Mr. Bryant was forty-nine years of age, of about two hundred

pounds weight, of temperate habits, and had always enjoyed the best of health. On the morning of his sudden death he arose in good health and spirits, ate a hearty breakfast, and rode into the city from Lancaster, a distance of ten miles, conversing cheerfully with friends on the way. He alighted from the cars at the depot of the Erie Rail Road and walked, in company with a stranger, until he arrived opposite the passenger depot of the Central Rail Road, when he turned suddenly around, with his eyes rolled upwards, and fell at full length, striking and inflicting a severe wound upon the forehead about one inch above the right eye. Mr. Bryant, a few days prior to his death, had been examined for life insurance by a competent physician, who tells me that, at the time of examination, the pulse was seventy-four per minute, and that he recommended him to the company as a safe risk. I may state, in this place, that the policy for three thousand dollars was not delivered until after death, and that the Washington Life Ins. Co., of New York, on learning the death of Mr. Bryant, very creditably to itself, immediately caused the policy to be paid through the agents, the Messrs. Parsons of this city.

By request of the brother of deceased, I held an autopsy, twenty-four hours after post-mortem, assisted by Drs. Whitney, Boardman, Hopkins and Chase.

Rigor mortis well marked, hypostatic congestion extending from neck along down the spinal column, neck very flexible, suggestive of fracture.

The undertaker had observed that semen had been discharged, which fact pointed toward probability of fracture at the neck. Accordingly we cut down upon the cervical vertebræ and removed the axis, together with the third cervical vertebra. Although there were evidences of some injury here, manifested by the congestion at upper portion of the spinal column, there were no evidence of fracture of any one of the cervical vertebræ.

In the next place the viscera of the thorax were exposed, the pericardium opened, and found to contain no effusion. The heart was removed and carefully examined; it was scarcely, if any, enlarged; it was slightly softened; there was no valvular lesion. The heart was filled with fluid blood; there was no coagulum nor heart clot. The other viscera of the body were normal.

We next removed the calvaria, and found the brain and its investing membranes in a normal condition.

COMMENTS.—The examination disproved the theory that the cause of death was heart disease. The most that can be said to sustain the theory that death began at the heart, is the fact that the heart was full of fluid blood. Sometimes, when the heart is thus filled, the organ is unable to contract down upon its fluid contents, and death immediately ensues; but the post-mortem examination showed no such inability in the power of the heart. The softening observable was no greater in degree than could be expected to exist forty-eight hours after death. The partial enlargement was not from dilatation; and the heart possessed, undoubtedly, the power of any other heart in a normal condition to contract down upon and expel its fluid contents, hence the verdict informally rendered, without a post-mortem examination, was not sustained by the post-mortem examination.

The emission of semen, observable in those who are hung, led some friends of deceased to think that, perhaps, the neck had been broken in the fall; and, as evidence of such theory, cited the fact of the emission of the seminal fluid. Although the neck was very flexible and much discolored, the post-mortem examination furnished no positive evidence either of dislocation, fracture, or of sufficient injury to cause immediate death.

A fracture of any one of the cervical vertebræ is one of the rarest accidents known, nevertheless fracture of these vertebræ do occur; but, whenever such fractures occur, they very rarely cause sudden death.

Dr. Frank H. Hamilton, in his valuable work on "Fractures and Dislocations," page 151, says, that "in nine recorded examples of fractures of the five lower cervical vertebræ, one died in twenty-four hours; but that the most common period of death seems to be about forty-eight hours after the receipt of injury."

On page 155, Dr. Hamilton says, that "the phrenic nerve is derived chiefly from the third and fourth cervical nerves. If, therefore, the second cervical vertebra is broken, and considerably depressed upon the spinal cord, respiration ceases immediately, and the person dies at once, or survives only a few minutes."

A case is recorded by Dr. H. of "a woman who, while sitting in

bed eating, was seen to fall suddenly forward, and the patients of St. Thomas Hospital, of which she was an inmate, hastened to her and found her dead. Upon examination of her body, it was discovered that the processus dentatus of the axis was broken off, and that the head, in falling forwards, had driven the process backwards upon the spinal marrow, so as to cause her death."

We removed from the neck, at this post-mortem examination, the axis; and I have it in my possession. There is no fracture of the odontoid process, nor of any other portion of the bone.

Dr. H. says: "I have been able to find only one example of a fracture of the atlas bone; and this is the case related by Sir. Astley Cooper. It occurred in a boy three years of age, and who lived one year after the injury."

I have made these quotations from the best standard work upon the subject of which it treats, to show the variety of accidents which result in fracture of the bones of the neck; and to show, also, in the same connection, that such accidents do not usually result in sudden death.

Discovering no cause of death either in this locality nor in the heart, I surely thought of being successful on examination of the brain. I was more impressed with the belief that cerebral effusion, or a blood clot, would be revealed, on exposing the brain, from the coincidence of having seen, just about the time of the death of Mr. Bryant, three persons, viz., Dr. Bristol, Mrs. D. Lockwood, and Mrs. Levi, aged, respectively, 77, 55, and 32 years, who were suddenly stricken down with paralysis, the result of brain affection, and all three of whom died within a few hours from their attack, remaining unconscious and insensible from the first moment of attack. The physical conformation of the person whose death is the subject of these comments was such as would predispose to apoplexy; yet, if his attack had been of this character, immediate death would not have been looked for. The post-mortem examination cleared up all doubts and conjectures as to cause of death being from apoplectic seizure.

The brain and the heart, with their investing membranes, and the bones of the neck, having been found in their integrity, each and all being excluded as cause of sudden death, the question then recurs as to the true and undoubted cause.

This question I am to try to answer ; and the answer shall not be altogether conjectural, I trust, since science is enabled to furnish sufficient data by which very accurately to arrive at the explanation of the theory of the cause of death and where death began.

Stated in brief, the cause of Mr. Bryant's death was from severe concussion immediately following faintness or syncope. Either the one or the other alone would be sufficient to cause death ; but, the two conjoined, would be most surely fatal, provided certain contingencies existed, of which mention will be made further on. Concussion, in this case, was produced by a blow upon the forehead from a fall. The cause of syncope is conjectural only. Very slight causes often produce faintness. I have known the most robust persons to faint from vaccination, when not a drop of blood had been drawn. Sudden severe pain will cause it. I may suppose, in the case under review, that Bryant may have made a mistep, wrenching his foot or ankle joint in such a manner as to cause a sudden twing of pain. I know of persons of sound health and hearts who faint on the slightest provocation, without any apparent or efficient cause ; indeed, so many cases of syncope almost daily witnessed, and so many cases of deaths from supposed heart disease, are reported through the medium of the daily papers, that the question of the true cause of Bryant's death becomes a question of public interest. Cases are well authenticated of sudden death from a blow upon the pit of the stomach ; add to the concussion by a blow at the stomach, or upon the head, syncope, and the person is in imminent peril of his life, and would most likely die suddenly, provided prompt measures were not had recourse to for his resuscitation. It is the experience of many persons—indeed almost every person has, during the course of his life time, had his breath "knocked out" of his body by a blow, either upon his head or over the stomach ; and such persons know full well the distress which attends such concussion, and the difficulty he labors under, momentarily, in regaining the respiratory function.

Assuming, in any given case, the presence of the following two conditions, would the suspension of the circulation, and of respiration, simultaneously, preclude the possibility of restoration of these two functions again to their normal condition ?

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I answer that resuscitation is not at all incompatible with such conditions. It must, unfortunately, be confessed, however, that popular intelligence is wanting in respect to the care and management of such as fall from faintness.

There are published rules to be made available by any one for resuscitation from drowning and for the temporal treatment and management of the injured by rail road accident; and it were well if published rules were placed in the hands of all persons to be made available in aiding and assisting those who fall from faintness or concussion.

The natural remedy for syncope is the horizontal position. If unmolested and unobstructed, the body at once falls into this attitude, the heart is thereby assisted in carrying along its current of blood, and, if let alone, the person immediately revives.

It is mistaken kindness, and the result of ignorance, to sieze a person who may have fallen from syncope and place him in the upright position. Kind hearted people, and those who are not kind hearted, will forever do this thing because they do not know the danger of it; and certainly no blame attaches such misapplied acts of kindness.

In the case of Mr. Bryant, he was taken up, carried across the street in a semi-recumbent position, laid upon the sofa, after which he gave two or three gasps and expired. These friends performed their duty as they understood it, and there is no one who can have the hardihood to censure them for the act. Had they not have done it there were others in readiness to do it; and, however trying and indelicate for one to make criticism upon acts in themselves humane, the startling fact, nevertheless, remains, and must not be lost sight of, because of prospective benefits to accrue to others, that such acts of humanity deprive the person of the sole and only means which nature furnishes for relief from syncope.

It will always be a good rule to follow when one has fallen from faintness, in absence of a physician, to let the person lie in the horizontal position; and, if respiration be also suspended, to turn him, as all physicians well understand, gently and alternately upon his side and back from twelve to sixteen times a minute, corresponding to the number of inspirations per minute, which constitutes the "Marshall Hall method" of re-establishing respiration after its tem-

porary suspension. Post-mortem examination furnishing no evidence to the contrary, it is not unreasonable to conclude that, had the rules herein stated been observed, they would have been crowned with success in the restoration of Bryant to health and life.

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## Miscellaneous.

### Dr. Paul Schoeppe.

We have received the following communication in reference to this most interesting case, and as we think it advisable to consider whatever has a bearing upon the question of Dr. Schoeppe's guilt or innocence before rather than after his execution, we lay it before our readers :

WASHINGTON, D. C., Dec. 8, 1869.

*To the Editor of the Chronicle :*

The case of the unfortunate Dr. Paul Schoeppe, who was convicted in June last, at Carlisle, Pa., of the alleged murder of Miss Steinnecke, a patient of his, on purely circumstantial and expert testimony, is exciting comment in all professional and educated circles throughout the country. We gather the following facts from what has been published from time to time regarding the case.

The Doctor is a young man, about twenty-five years of age, a German by birth, and a graduate of the University of Heidelberg. For some years back he has been practicing his profession with success and reputation at Carlisle, Pa., where his father resided and had charge of the Lutheran congregation.

During the summer of 1868 Miss Steinnecke, a maiden lady, resident at Baltimore, and full habit, about sixty-five years of age, visited Carlisle, where she had relatives. While there, owing to some indisposition, she consulted Dr. Schoeppe. The acquaintance thus begun proved agreeable, and was followed by a proffer of marriage, which was accepted. After the lady's return to Baltimore a correspondence was regularly carried on and business matters discussed. The confidence of each in the other was satisfactory and complete, the lady advancing money to enable the Doctor to extend his business interests. In the fall Miss S. returned to Carlisle, having previously requested, by letter, the Doctor to secure pleasant rooms for her at a hotel. She seemed to be in her usual health, but the correspondence exhibited on the trial shows she had been taking medicine, and was also under treatment by an oculist in Baltimore for some affection of the eyes. This fact and its probable significance as a symptom of Bright's disease, which, if the kidneys had been properly examined, might have been verified, seems to have been lost sight of on the trial.

Nothing disturbed the harmony of their friendship or intercourse



until Miss S. was taken sick on the 27th of January, and dying on the 28th, 1869. She was attended by two physicians, Schoeppe and Hermon, the latter having been called in by the former as soon as he found the case assuming a serious aspect.

The only medicine given, that is in evidence, was an emetic, composed of two grains of tartar emetic and ten of ipecac, administered by Dr. Schoeppe, at the commencement of her illness, to relieve an oppression of the stomach from a supper of beefsteak eaten the day before. The medicine acted properly, but the patient became prostrated, perhaps paralyzed, followed by profound stupor, ending in death about thirty-four hours after the commencement of the attack.

Her remains were taken in charge by her relatives and removed to Baltimore for interment, accompanied by the Doctor as a mourner. On the 1st of February, the Doctor, through his counsel, filed in the Probate Court of Baltimore a document, purporting to be the last will and testament of Miss Maria Steinnecke, dated December 3, 1868, whereby all her property was left to Dr. Schoeppe, her lover and physician. The subscribing witnesses to the will are Dr. Schoeppe and F. Schoeppe, his father.

Up to this time there had not been the least suspicion in the mind of any one that there had been foul play, or that her death presented anything violent or unnatural. But, immediately upon the production of this document, which disposed of her property so contrary to the expectation of her natural heirs, that they at once pronounced it a forgery, and shortly after declared their suspicions that the Doctor had murdered the testator. The accusation was horrifying, and seemed to gather strength from its enormity and the constant prompting of her disappointed heirs. No pains have been taken to prove a forgery, and if a forgery, whether before or after the death of Miss Steinnecke.

At this point in the history of the case begin proceedings of the greatest interest to justice and humanity. On the 10th of February, thirteen days after death, the body of Miss S. was taken from the grave and subjected to a *post mortem* to find poison, as it was alleged she had died a violent death from the administration of prussic acid. A professor of chemistry of fair repute, at the fee of \$250, was employed to make chemical tests of the contents of the stomach and intestines, for its discovery. Young men of no established reputation as pathologists were employed to make the autopsy. The evidence of these experts, as detailed before the coroner's jury, and on the trial, shows that their examinations were partial and inconclusive. As poison was suspected, almost all their inquiry was directed to its discovery. The chemist, from the mode in which he manipulated the contents of the stomach and intestines, failed, as signally as the pathologists, to deduce opinions of any value. His report would scarcely do credit to a first-class medical student, and the incompleteness of the autopsy would have prevented even any intelligent or profitable discussion of the case before an ordinary medical society. But, unfortunately, the opinions deduced from

their hasty, incomplete, and unreliable examinations of the body and the contents of the stomach, laid the fatal foundation for all the subsequent proceedings and prejudices against the Doctor. There is not a pathologist or chemist, we believe, of any standing, in the whole country, that will pretend to sustain the deductions of either; yet, upon these opinions, (for they are unworthy of being called evidence,) the coroner's jury found a verdict of death from poison. The same testimony led to the Doctor's indictment, by the grand jury of Cumberland county, Pa., for "murder and manslaughter."

When arrested and imprisoned, public opinion became more and more inflamed against him; being a foreigner, without means and influential friends, he was forced to trial at great disadvantage, while the minds of the people were still excited. A singular, if not an erroneous proceeding in the case, was permitted by the court in allowing hypothetical questions as to the cause of death to be put by the prosecution to witnesses, which proceeding assumed as a basis that other than natural causes were present. Not one particle of positive evidence of any kind was given on the trial that poison had been given to the patient. The chemist thought he had found "faint traces of prussic acid;" but declared positively that no narcotic drug was present, nor was it shown that the symptoms present during the brief illness of Miss S. were such as could not be accounted for by natural causes in a person of her years and physique.

The trial developed most conclusively to all dispassionate readers of the report given of it that the prosecution failed utterly to prove the *corpus delicti*, and that the contrary clearly appeared that death ensued from natural causes; and further, it was particularly made evident that the facts relied upon by the prosecution and the means employed by the chemist to prove the presence of prussic acid in the stomach were utterly unreliable, and made the very poison he was in search of, the tests he used not being the most approved or exact. So complete was the error of the chemist made to appear by the evidence of other experts and competent chemists, that the judge, in charging the jury, felt called upon to direct them to reject the prussic acid theory and inquire into narcotics, which the testimony of Dr. Aikin, as we have just stated, was that he had looked or tested for all the ordinary mineral and vegetable poisons, including morphia and strychnine, but none were present. But that monster, suspicion, had firm hold upon public opinion, which had already adjudged the doctor guilty and were determined to punish him. The indictment against the Doctor charged him with wilfully taking the life of Miss Steinnecke, by the administration of poison; and, although not one iota of evidence from beginning to end went to sustain this allegation, yet the jury found him guilty of murder as indicated.

The judge is represented as somewhat surprised at the verdict, as were those who frequented the court room during the trial; but, nevertheless, as was perhaps his duty, he passed the sentence of the

court in accordance with the verdict of the jury, who, in criminal cases in Pennsylvania, are judges of the law and the facts.

We know nothing of the ability of the Doctor's counsel, but infer from the published reports, that they exhibited no special ability in developing errors or false facts in the testimony of the witnesses of the prosecution, or in establishing the facts of the previous health of the deceased. We think it very probable that had the oculist, and perhaps other physicians, who had attended the deceased, and persons who were familiar with her daily habits, been summoned, it would have been made apparent that she was not as healthy a person as was generally supposed. According to the testimony of Wm. Kennedy, she made "startling noises in her sleep, as some one in great pain or distress," which was sufficient to awake him in an adjoining room at the hotel.

William Drew met Miss S. on the street the day before she died, to whom she complained "of feeling very bad, and of giddiness of the head."

Dr. Ridgely, a distant relative of the deceased, and who assisted at the *post mortem*, said that Miss Steinnecke was in the habit of "grunting," which he understood to mean complaining without a cause. No doubt other more direct and positive facts in this direction might have been adduced.

An arrest of judgment and a motion for a new trial was made, but refused, and the judge passed sentence. The case then could only go to the Supreme Court on a writ of error, as no review is granted in similar cases. Here the writ of error was not sustained, the technicalities of the record being found correct. The poor Doctor who had relied upon justice, and sustained his firmness thus far, was now reduced to despair. The publication of the trial, and the evidence upon which he had been convicted, however, had by this time attracted a good deal of attention among chemists and physicians, who plainly saw that the doctor was in danger of being sacrificed to the technicalities of the law. Numerous strong appeals have been made to Governor Geary by physicians, chemists, and medical societies from various States and large cities, all asserting their conviction that the guilt or the administration of poison by the doctor to Miss Steinnecke has not been proven. As to the allegation that the doctor has forged a check or a will, the medical profession know nothing of the facts, and are in no sense apologists of crime. If the fact is proven, let him suffer the full penalty of the law.

Governor Geary very naturally referred the questions raised and the appeals made for Dr. Schoeppe's pardon to his legal adviser, Attorney General C. F. Brewster, who had just been initiated into office. This officer makes a superficial, running synopsis of the case, scarcely touching the facts, which should prove conclusively to the Governor that conviction in this case was the result of excited feeling and the undue influence given to, as has been claimed, unreliable expert testimony. The Attorney General says, "the

whole question was thoroughly discussed and fairly submitted to the tribunal selected for its solution—the jury of the vicinage. They have settled it, and with them rests the responsibility.” He then flatters the court and the jury, and ends by advising the Governor to decline to review the questions passed upon by the court and the jury. Upon this the Governor affixed his signature to the death-warrant of Dr. Paul Schoeppe, to be executed, on the 22d instant.

We cannot help, in view of all the facts, but feel that this is about to be a judicial murder, which the Governor’s prerogative of pardon should avert.—*Washington Morning Chronicle*.

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## Editorial Department.

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### Medical Education of Women.

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Many of our exchanges indulge in expressions of opinion upon the medical education of women and their admission to our schools and colleges; and it is quite proper that, as a profession, we define our position, and make known the platform upon which we stand in this important question of the propriety of admitting woman to medical colleges, and their natural qualifications as members of the medical profession. In the first place it should be very distinctly stated, that all gentlemen are in favor of every thing which can promote the real prosperity, success and happiness of the female sex; and that the question is fully settled when we have determined the influence which it will have upon it. It will be said that this question of the eligibility of women to the office of physicians and surgeons is already settled, that they now occupy these responsible places with credit to themselves and honor to the profession; but this question is still open for discussion, and though some most estimable ladies have honored the degree of Doctor in Medicine, it is still not settled that the degree of Doctor in Medicine is an honor to any real lady. If women, after due reflection and enlightened reasoning upon the subject, yet desire to be physicians, and to practice the art of medicine, it seems as though it was one of the “inalienable rights,” and that they should certainly be allowed to do for themselves what they choose in this respect. Woman has a right to enter the clerical profession and minister at the altar, or the legal profession and plead at the bar; she has a right—natural right—to enter into any political or commercial enterprise she may desire; in a word, she has a right to seek her own interest and happiness in her own way, and, so far as the other sex are concerned, they are under obligation to aid and encourage her in every effort which is calculated to promote her welfare. They are excluded from clinical teaching on account of “impropriety of time and place;” but, if they are to practice the profession, they are to forget sexual differences, as physicians in the presence of pain and disease, forget them, are to know nothing but disease and its modes of cure; this is to be the very first step in the process of education. If a woman is educated as a phys-

clan, and practices the profession, she can never more be looked upon and protected as that chaste, sensitive, modest, innocent and confiding being which men so naturally honor, cherish and love. She must be supposed to be familiar with all the conditions of humanity, male and female; and in her thoughts, in her knowledge, and in her business, to have so changed as to rob her of all the qualities which have thus far been her strength, her protection and her charm. If women are to be physicians, from no place where is disease and pain can they be excluded on the flimsy plea of "impropriety," for she must be educated to meet these emergencies; if they are to be surgeons, wherever surgical operations are made she must be admitted, for surgeons must be familiar with all surgical regions, and must be prepared at all times, without delay or embarrassment, to institute surgical relief, if called upon. If educated to the profession, it must be done thoroughly; for, certainly we will not consent to making quacks and charlatans of them—the most contemptible, low and dishonest of all thieves and liars. But these are not the considerations which would most influence this question. The inquiry should first be made, What effect will the elective franchise, the professions, and unrestricted and equal property rights, if bestowed as fully on women as men, have upon the mutual relations of dependence and protection now felt by men and enjoyed by women? "Women's rights!" they are many, and may God protect them. If I were to plan, with malicious hate and evil intention, the greatest curse I could conceive for women; if I would estrange them from the protection of heaven, and make them, as far as possible, loathsome and disgusting to men, I would favor the reform, or advancement, as they please to term it, which some of the male-female sex have proposed for them. I would make Ministers, and Lawyers, and Doctors, and Politicians of them. I would have them hold their own estates, independent of their husbands, in their own names; in a word, I would make, as near as possible, men of them, and encourage them to set up life "on their own hook." It is said, by the silly and simple, that women are denied equality with men, are excluded from their opportunities of education and culture, and, of course, cannot equal them in attainment; and that if we but open to them our colleges and hospitals, they will become dangerous rivals. They are assistants, not rivals; in some respects they are the superiors, and can excel. Woman is a welcome attendant in the sick room; whenever excluded, there is gloom and sadness, and privation. With her is cheerfulness and comfort, cleanliness and hope. Truly, she has her sphere; and, in her place, she is vastly superior to man. Indeed, men of even considerable genius find it very embarrassing and inconvenient to do the duty and fill acceptably the places appropriate for women. Nothing a true woman shall desire for herself will ever be long denied her. She is next to the Angels in the Divine favor, and first in the love and veneration of men. Whatever she persistently asks, she is sure to gain, and there is no use to oppose or attempt to discourage. If women desire to become members of the learned professions; if they conclude that they can adorn these places, [adorn is the word: they have naturally a desire to be ornamental.] then there can be no middle ground, they must be admitted. We can see no objection so far as men are concerned; and if we could, we would waive it in favor of women.

The students in Philadelphia, who cheered the young ladies from the clinic, were, perhaps, thoughtless and rude, but there was no evil intention. Those young men believed that the exhibition was improper for young ladies, and that their feelings of delicacy would be outraged if they remained; they had not considered that they were about to become physicians, and were expected to have no sensibility common to the sex. If women earnestly desire medical education, it cannot be denied them—possibly a more extended trial of its general feasibility and appropriateness may convince better than argument or persuasion.

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### Items, Selections and Remarks.

BY W. W. MINER, A. B.

Dr. G. M. Beard, of New York, in a letter to the *Record*, says that the treatment of nervous diseases by electricity commands in Germany a wider interest than in any other country; and that, during the last ten years, fifty treatises on electro-therapeutics have appeared in Germany alone. In Berlin there are, at present, half a dozen specialists in electro-therapeutics, prominent among whom is Dr. Moritz Meyer, one of the editors of the *Journal of Psychology and Nervous Diseases*, whose excellent treatise Dr. Hammond has just introduced to the profession of America; in the same city, private clinics in this department are held at half-past seven in the morning. In Vienna there are three or four well-known authors in this department, chief among whom is Benedict, whose work has attracted considerable attention among the leading neurologists of all countries.

Dr. J. A. Ross reports, in the *Lancet*, a case of death, in the Staffordshire Infirmary, from the administration of twenty drops of chloroform. The patient was a miner, fifty years of age, upon whom an operation was to be performed. The chloroform was pure, and was given by means of a cone lint. The pulse stopped suddenly, and the most persevering use of all appliances for restoring animation proved unavailing. The autopsy showed the heart to be rather large and flabby, but otherwise free from disease. The other organs were normal.

The Physicians Mutual Aid Association, of New York, held its annual meeting, Nov. 6th, in the Mott Memorial Rooms, and elected James Anderson, President; Alexander B. Mott, Vice-President; Joseph Monell, Secretary. — More than forty millions of francs have been expended, within thirty years, upon the several civil hospitals in Paris, which contain 19,600 beds. The places of amusement pay a tax of eight per cent. on receipts for support of the hospitals, and a heavy tax is also levied on every piece of ground purchased in the cemeteries. — *Med. Record*.

— Professor H. Knapp, M. D., has opened an Ophthalmic and Aural Institute at No. 46 East 12th Street, New York City.

The names of some of the new anaesthetic agents which are now being experimented with are bichloride of methylene, chloral, bromal, iodal and bromoform. It is probable that none of these will supersede, to any great extent, ether or chloroform, as all of them possess the usual undesirable properties, are sometimes fatal, and would be more or less expensive in price. Chloral is probably valuable

as a hypnotic in cases where morphine or the bromides are unsuccessful. Bichloride of methylene has been extensively used in England, and, under the most careful administrators, has produced fatal results in several instances.

E. Michener, M. D., of Taughkenamon, Chester Co., Pa., says, in writing to the *Reporter*, that the use of the "Long Tube in Intestinal Obstructions," according to Dr. Hay, is attended with difficulty; and that he has used, with success, a short anal tube, having a valve within to prevent reflux, and constructed with an external flange at its lower portion, which supports the sphincter ani muscle, and thus enables a large quantity of fluid to be retained. His experience with this tube, which is of his own devising, commenced fifty years since; and he says that, with the tube and any ordinary injecting apparatus, very little difficulty will be experienced in distending the colon and affording speedy relief to the cases requiring its use. The quantity of fluid injected was, in one instance, seven quarts, though the capacity of the colon and rectum, and the quantity of fluid introduced, generally varies from two to six quarts.

Bisulphite of carbon, when purified by washings with pure water, treated with caustic lime and afterwards with copper reduced by hydrogen, is said to have simply a faint ethereal odor. M. M. Millon and Commaile, of Paris, have, with this inodorous solvent, extracted the most delicate perfumes, and even from milk have separated the perfume of certain plants which had been eaten.—Dr. Jacobi has presented, to the British Association, a method for the electro-deposition of iron from double salts of that metal. A slight film of copper is first deposited on the matrix to aid the process.

Prof. Joseph Lister, of Glasgow University, whose original experiments in antiseptic surgery are known to our readers, has, at the earnest request of the students of Edinburgh University, been appointed to the chair of surgery, recently vacated in the latter institution by Prof. Syme.—Thomas Graham, M. A., F. R. S., one of the leading English chemists, has recently died. He held the position of Professor of Chemistry in the University College of London for eighteen years, and, for the last fifteen years, that of Master of the Mint. He is well-known by his papers on the Absorption of Gases by Liquids, Dialysis, Colloids and Crystalline substances, the Law of Diffusion of Gases, the Absorption of Hydrogen by the metals, and the suggestion of the name Hydrogenium, as indicating the true nature of that element.

Prof. W. A. Hammond is giving a series of clinics on Insanity, at the Bellevue Hospital Medical College, on Saturdays at 3½ P. M., to which members of the profession, who desire, are invited to attend.—Dr. John H. Packard, Secretary of the College of Physicians of Philadelphia, has prepared a few simple and important rules for the "Course to be pursued by Bystanders in case of Injury." These are printed as posters, and are furnished at a very low rate to business corporations desiring them.—The efforts to establish a Library for the American Medical Association at Washington, we are happy to say are successful; and the profession are requested to bear in mind that all works deposited there are in excellent keeping, and that the movement will be of great service in the establishing of the medical literature of America.

A method of oxidizing lead and combining it with carbonic acid, being a quick way to make white lead, has been devised. The metal is rolled into thin sheets, and exposed in chambers to the action of steam and to carbonic acid obtained by the oxidation of carbonic oxide of the boiler flues with nitric acid. Another process, is similar to that used in making oxide of zinc. If either of these processes are practicable, it will be a matter of considerable commercial importance.—The anticipations of the mineralogists and miners are directed towards the discovery of tin ore in workable quantities in the United States; but no reliable reports have yet come from any locality, though many unreliable ones have gained confidence and publicity. The latest and largest rumor, an account of which is given in the *American Exchange and Review*, comes from Los Angeles, Cal.

Gray's Anatomy has passed to a fifth edition in England. It has now an Introduction on General Anatomy and Development by Mr. T. Holmes, the well-known author and editor.—*N. Y. Med. Jour.*—The third volume of Prof. Flint's Physiology has just been published.—Theodore Varick, M. D., has been appointed Surgeon General of the State of New Jersey.—Gov. Hoffman has offered a reward of \$500 for the detection of the murderer or murderers of Dr. Andrew Mead, of Alleghany.—The bromides have been recommended for the cure of obesity.—Oxalate of cerium is quite highly esteemed for the relief of the vomiting of pregnancy.

The American Presbyterian Mission has a medical missionary department in Canton and vicinity. It has done a great deal of good the past year, treating 50,636 out-patients and 1,038 in-patients, and has performed 1,038 surgical operations, some of them of great importance. A medical class there numbers 12 scholars.—The city of Springfield, Mass., has been more or less infected, the year past, with small pox; and the city fathers are debating as to compelling every inhabitant to be vaccinated immediately.—The Central Ohio Asylum, destroyed by fire some months ago, will be rebuilt, and probably completed, in 1872.—*Med. Record.*

The oldest relic of humanity extant is the skeleton of one of the early Pharaohs, encased in its original burial robes, and wonderfully perfect considering its age, which was deposited about eighteen or twenty months ago in the British Museum, and is justly considered the most valuable of its archaeological treasures. The lid of the coffin which contained the royal mummy was inscribed with the name of its occupant, Pharaoh Mikerinus, who succeeded the time of the builder of the Great Pyramid, about ten centuries before Christ. The monarch, whose crumbling bones and leathery integuments are now exciting the wonder gazers in London, reigned in Egypt before Solomon was born, and lived only about eleven centuries or so after Mizraim, the grandson of father Noah, and the first of the Pharaohs had been gathered to his fathers. The tidemark of the deluge would scarcely have been obliterated when this man of the early world lived, moved and had his being.—*Medical Record.*

In the December number of the *Gynaecological Journal*, there is given an account of a very interesting public gathering in Edinburgh, the occasion of which was the presentation, by the Lord Provost, of "a ticket of honorary burghership in the ancient city of Edinburgh" to Sir James Y. Simpson, M. D., in recognition of his



services to humanity in the alleviation of suffering. This honor has also been previously conferred upon Disraeli, Napier and John Bright. Prof. Simpson's reply to the presentation speech was so excellent and interesting, that it hoped that a full account of it may be given elsewhere in the journal.

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### Obituary.

Died in Geneva, N. Y., Dec. 3d, Hazard Arnold Potter, M. D. He was born in Potter township, Gates county, Dec. 21st. 1811, graduated in medicine at Bowdoin College in 1835, practiced his profession a short time in Rhode Island, thence went to his native place, where he practiced till 1853, when he removed to Geneva. He was, during the war, Surgeon to the 50th N. Y. Vols. He was an energetic worker, attained reputation as a surgeon for his successful trephining of the vertebral column, operations for ovariectomy, and method of amputating at the hip-joint. During the last four years he has been a prominent advocate of temperance, which cause he sustained with characteristic zeal. The immediate occasion of his death was inflammation of the lungs.

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### Intra Uterine Forceps.

We have recently had our attention called to a new and very ingenious forceps, designed to be introduced while shut or closed into the uterine cavity, and, after being fully within, capable of being opened and rotated so as to grasp, with ease and certainty, a distended ovum, or foetus, or retained placenta, in cases of miscarriage, or any intra uterine growth, which may require removal. In its adaptation to these objects, it seems to us to so far surpass instruments formerly used for this purpose, as to render them comparatively worthless. Physicians constantly liable to have such cases fall under their care, should not fail to avail themselves of its advantages. This instrument is the invention of Dr. J. M. Blakesly, of Iowa City, Iowa, who is now offering it to the profession.

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### Four Prizes.

The Editors of the *American Journal of Obstetrics and Diseases of Women and Children* offer the following prizes for the best essays on the subjoined subjects:

1. Fifty dollars (in gold) for the best essay on "Catarrh of the Uterus, its Etiology and Treatment."
2. One hundred dollars (in gold) for the best essay on "The Morbid Anatomy of the Placenta."
3. Fifty dollars (in gold) for the best essay on "Electricity in the Treatment of the Diseases of Infants and Children."
4. One hundred dollars (in gold) for the best essay on "Congenital Deformities and Diseases Depending on Maladies of the Uterus or Membranes."

## Meeting of the Commissioners on the Location of the Insane Asylum.

The Board of Commissioners appointed by Gov. Hoffman to locate the new Insane Asylum, met in this city Dec. 22d, and unanimously confirmed, in their report to the Governor, their previous decision, which selected Buffalo as its most desirable and appropriate location. The city offer the site, the cost of which is not more than \$50,000, and a perpetual gratuitous supply of water from the city mains. Dr. Gray, of Utica, the chairman of the board, while in town visited the Medical College, and, in addressing the students, said that he was strongly confident that the method of clinical instruction in mental diseases and insanity just undertaken, in New York city, by Prof. Hammond, would prove quite successful, and be of great practical benefit. He anticipated for the students the time when such instruction should be given in Buffalo with the superior facilities which will then be afforded.

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## Intercession for Dr. Schoeppe.

Dr. J. Roesing, North German Consul General in this city, states that he has received intelligence that Baron von Gerolt, the North German Minister at Washington, has seen Governor Geary at Harrisburg, Penn., relative to the Dr. Schoeppe case, and that the Governor has declared himself willing to revise the case from a memorandum which is being prepared at the office of the North German Embassy.—*N. Y. Times.*

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W. H. Peabody has obtained, for the use of the profession, a supply of the new hypnotic "Cbloral," so that those who wish, can make trial of its properties.

## Books Review.

*The Physicians Hand-Book for 1870.* By WILLIAM ELMER, M.D., and ALBERT D. ELMER, M. D. New York: W. A. TOWNSEND & ADAMS, Publishers.

This is one of the most perfect and complete of its class, and comes to us in very tasty and elegant style. These Hand-Books are indispensable to the physician, and the only point is the selection. With the view of aiding our readers, we publish its table of contents: "Index to diseases, classification of diseases, ready method in asphyxia, poisons and their antidotes, diagnostic examination of urine, the pulse, list of incompatibles, medicinal weights and measures, abbreviations of medicinal properties of remedies, table of signs and abbreviations, materia medica, index of common names of remedial agents, art of writing prescriptions, record of practice,

calendar for the year, names, addresses, bills and accounts, record of practice and treatment, tables of signs for daily practice, obstetric record, diagnostic record, obstetric calendar, general memoranda.

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*Transactions of the Twenty-fourth Annual Meeting of the Ohio State Medical Society. 1869.*

The record of the Proceedings of this Society shows how deep an interest is felt in it by the profession of the State. The meeting was very largely attended, and the volume of Transactions contains articles from the most distinguished members of the profession in Ohio. The address of the retiring President, Dr. Alex. Dunlap; A. M., M. D., and Reports upon Intra-Cranial Tumors by Dr. Roberts Barthalo, Haemata, by Dr. E. H. Hyatt; Carcinoma Uteri, by Dr. A. B. Jones; Hypodermic Medication, by Dr. J. W. Weaver; Ophthalmology, by Dr. A. D. Williams; Fel Bovinum, by Dr. Isaac Kay; Chlorinated Anaesthetics, by Dr. J. B. Hough; and Report upon Obituaries, by Dr. E. B. Stephens, are all papers of value and interest.

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*First Annual Announcement of the Kansas City College of Physicians and Surgeons.*

This institution, which is situated on the western border of the state of Missouri, commences operation this month, by the giving of what is called a preliminary course of lectures, while the first regular course will be given one year hence. The professorships are ten in number, two of which are yet to be occupied; the fees are regular. The college building is new and favorably situated in the city, while the general location of the institution is such as will accommodate students from a wide region.

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*A Compend of the Materia Medica.* By JOHN C. RILEY, A. M., M. D. Philadelphia: J. B. LIPPENCOTT & Co. 1869.

The author only claims for this work, that it is a "Compend of the Materia Medica, and not designed to be a full exposition of the subject." It is an outline description of the subjects named, and is designed mainly to aid the student during lectures, or perhaps to aid the practitioner. It appears to us well adapted to the object in view, and very well suited to those who desire brief, concise and practical knowledge upon any of the articles of Materia Medica, or any of the subjects in therapeutics.

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*The Principles of Naval Staff Rank, with its History in the United States Navy for over half a century.* By a Surgeon of the U. S. Navy. 1869.

This work appears very opportunely, since the profession and government are at

present considering the question of Naval Rank. The work contains a full index, and is in every respect a very interesting and instructive history, containing also the principles upon which Rank is based. We are under many obligations for the favor of receiving it.

*Luxations of the Hip and Shoulder Joints, and the Agents which oppose their Reduction.* By MOSES GUNN, A. M., M. D.

The author, in a well written monograph upon this subject, establishes the following general rule:—

In all dislocations, place the limb in just the position which characterized it at the moment of escape, and the reduction will then be easily affected.

We further lay down the following special rules:—

In the luxation upon the dorsum ilii, the patient lying on his back, carry the limb across its fellow at a point corresponding with the union of the middle with the upper third, rotate inwards, and the pelvis being fixed by an assistant, the head may now be readily drawn into its place.

In the dislocation into the obturator foramen, when extension is being made in the usual way at the upper part of the thigh, the limb should be *abducted* instead of *adducted*, as universally directed; *abduction* conforms to the general rule laid down above, and relaxes the upper and untorn portion of the ligament.

In the forward dislocation upon the pubis, while extension and counter-extension is being made in the usual manner, the limb should be rotated externally; this relaxes the posterior and untorn portion of the ligament.

In the backward luxation into the sciatic notch, the limb should be carried across the opposite groin, and rotated internally, previous to any extension being made.

In the luxation of the humeral head into the axilla, the arm should be drawn upward by the side of the head, as directed in my first article.

In the forward dislocation upon the thorax, the arm should be rotated externally before extension is attempted.

In the luxation backwards upon the dorsum scapulae, the arm should be rotated internally before extension is commenced.

*Electricity as a means of Diagnosis. With a tabulated statement of 500 cases of Disease, treated mainly by the method of General Electrization.* By A. D. ROCKWELL, A. M., M. D.

The author says: "The foundation principles, on which Electrization can be made a means of diagnosis of disease, are simply these two:

*First.*—The fact that all the parts and organs are more or less sensitive to the electric current, and that this sensitiveness is modified by disease.

*Second.*—The fact that the contractile power of the muscle, under the influence of the electric current (electro muscular contractility,) is more or less modified by disease.

## Books and Pamphlets Received.

Transactions of the American Medical Association. Volume Twenty. 1869. Philadelphia.

A Practical Treatise on the Diseases of Children. By Alfred Vogel, M.D., Professor of Clinical Medicine in the University of Dorpat, Russia. Translated and edited by H. Raphael, M. D. From the Fourth German Edition. D. Appleton & Co., New York. For sale by Breed & Lent.

A Treatise on Intra-ocular Tumors. From Clinical observations and Anatomical investigations. With Lithographic Plates and Figures. By H. Knapp, late Professor of Ophthalmology and Surgeon to the Ophthalmic Hospital in Heidelberg. Translated by L. Cole, M. D., of Chicago. Wm. Wood Co., New York. For sale by Breed & Lent.

On the Wasting Diseases of Infants and Children. By Eustace Smith, M. D., London. Member of the Royal College of Physicians; Physician extraordinary to the King of the Belgians, etc., etc. Henry C. Lea, Philadelphia. For sale by Breed & Lent.

Annual Report of the Surgeon General of the United States Army. 1869.

Transactions of the Medical Society of the State of West Virginia. Wheeling.

The Nomenclature of Diseases. By a Joint Committee appointed by the Royal College of Physicians of London. Printed by order of the American Medical Association.

Annual Report of the Board of Regents of the Smithsonian Institution for the year 1868.

Annual Announcement of the Medical School of Bowdoin College, Brunswick, Maine.

Report on the Best methods of Treatment for different forms of Cleft Palate. By Wm. R. Whitehead, M. D., New York.

A Review of the Last Illness of Dr. Alden March. A Criticism on the Management of his case. By Chas. A. Robertson, A. M., M. D., Ophthalmic and Aural Surgeon of the Albany Hospital, etc.

Nocturnal Enuresis and Incontinence of Urine. By Frederick G. Snelling, M. D.

The History of Nine Cases of Ovariectomy. By T. Gaillard Thomas, M. D., Professor of Obstetrics, and Diseases of Women and Children, in the College of Physicians and Surgeons, New York. D. Appleton & Co.

Eulogium on Thomas C. Brinsmade, M. D. By Geo. H. Hubbard, A. M., M.D.

Biographical Sketch of the late A. B. Shipman, M. D., of Syracuse, N. Y. By H. O. Jewett, M. D., Cortland, N. Y.

Vesico-vaginal Fistule: and its successful Treatment by the Button Suture. By Nathaniel Bozeman, M. D., New York.

Three Cases of Lead Palsy from the use of a Cosmetic called "Laird's Bloom of Youth." By Lewis A. Sayre, M. D., New York.

Twenty-fourth Annual Report of the Managers of Mass. Charitable Eye and Ear Infirmary. November, 1869.

The Pathology of Bright's Disease. By Wm. B. Lewis, M. D., Lecturer on Renal Pathology in the Medical Department of the University of New York.

The Practitioner: a monthly journal of Therapeutics. By Francis E. Anstie, M. D. Kelly, Piet & Co., Baltimore.

Wood's Household Magazine. S. S. Wood, Newburgh, N. Y.

The American Stock Journal, Parkersburgh, Chester Co., Pa.

The Old Franklin Almanac for 1870. A. Winch, Philadelphia.

The Printers Bulletin. Boston.

The Scientific American.

The Atlantic Monthly.

BUFFALO  
**Medical and Surgical Journal.**

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VOL. IX.

JANUARY, 1870.

No. 6.

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Original Communications.

ART. I.—*On the Action of Mercury—A Paper read before the Cayuga County Medical Society.*

BY N. H. EASTMAN, M. D.,  
Of the Genesee Medical College.

It is of comparatively recent date, that the *modus operandi* of medicines has occupied any considerable attention of scientific men or been made the subject of special investigation by the learned portion of our profession. True, various theories have at times been propounded by speculative writers, but these have generally been so vague, so foreign from truth, and so destitute of proof or scientific demonstration, that they have either been disregarded entirely by the sober thinking portion of the profession, or if accepted as probable, have only served to mislead honest inquirers and establish systems of practice as false as they are pernicious in their tendencies and ultimate results.

Those of us who studied our profession thirty years ago, will recollect the teachings of the day embodied in the standard works on Therapeutics and Materia Medica.

The current doctrine of the schools then was, that no medicines entered the circulation, that all acted directly on the inner surface of the stomach and bowels, and indirectly and sympathetically on remote tissues, a doctrine which, even then seemed to me, though

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but a student and novice in physic, too unphilosophical to demand my assent, though inculcated by no less distinguished writers than Murray and Chapman.

Even now, one is led to suppose, in reading most of our late works on *Materia Medica*, that the majority of medicinal substances never enter the blood, but produce their effects by a direct local influence on some portion of the alimentary canal. This idea is especially carried in reference to the action of emetics, cathartics, and even astringents, when these last are given to act upon any portion of the first passages. When most of our modern authors speak of any article entering the circulation, they seem to convey the idea that it is an exception to a general rule.

Headland is, as yet, almost the only writer who has thoroughly investigated the subject of the "Action of Medicines." He has, as it were, struck out a new path in this direction, and shows most conclusively, by his own experiments as well as by those of many careful and scientific observers, that, as a rule, all medicines, after solution, are absorbed into the blood from the stomach or bowels, and subsequently produce their specific effects by actually coming in contact with the tissue on which their action is manifested, either through the walls of the capillaries, permeating such tissues, or in their exit from the blood through the various glandular structures whose function is to eliminate from the blood whatever material is unnatural to that fluid, or is required to be separated from it, either for purposes of secretion or mere excretion; that the few medicinal substances which are not absorbed, but which make their impression merely on the nervous coat of the stomach and bowels, such as irritant emetics and cathartics, are exceptions to a general rule, and produce no real specific effect on a distant tissue, but make their local impression on the part by contact, while the distant impression is the result of mere reflex action, a remote effect, as that of a revulsive, that specific emetics and cathartics, entering the blood through the walls of the stomach or bowels, or injected into the veins, cellular tissue, or serous cavities, acting by a sort of vital electric affinity, when brought in contact with the nerves or nerve centres of the stomach on the one hand, or ultimately eliminated through the intestinal glands into the bowels on the other, produce the same effect on these viscera as irritant emetic and ca

thartics, brought in contact with these surfaces in their passage through the alimentary canal. Headland, in his admirable book, has but entered the threshold of a subject that demands further investigation, and I trust his example will stimulate other laborious searchers after truth, to prosecute this interesting subject till we shall learn the *modus operandi* of most, if not all our medicinal agents, and thus be enabled to treat disease with far more reason and success than we hitherto have been enabled to do.

My object in this paper is to inquire into the action of Mercury, an article so varied in its preparations, so old in its application, so potent for good or for evil, and whose employment in almost every disease has its advocates on the one hand, and on the other those who regard its use, under the same circumstances, not only useless but pernicious. Such is the diversity of opinion, even among honest and intelligent members of the profession, that the student is bewildered in his researches and compelled to grope his way in the dark, till, by long experience, he draws his conclusions from his own cautious trials and careful observation. The first question that presents itself is, does Mercury, in any or all of its forms, enter the circulation, or does it act merely by its presence in some part of the alimentary canal? This question I regard as now settled by the most palpable experiments, since the metal has been found repeatedly by the chemist, both in the fluids and solids of the body, after having previously been introduced into the system, whether through the stomach and bowels, by inunction or fumigation; and yet, men now talk and write as though they supposed the article given by the mouth sometimes entered into the circulation, and at others, merely passed along the intestinal canal and acted simply as a local irritant, producing in this way its cathartic effects; whereas, the fact is, all forms of the mineral, except perhaps the crude metal, now seldom or never administered, before producing any real medicinal or toxic effects, are taken up in a state of solution by the capillaries of the first portion of the alimentary canal. if not before they reach even the stomach, whether the article acts subsequently as an alterative, catalytic, or simply as a cathartic in its ultimate elimination through the intestinal glands. This mode of action of mercury, as also that of most medicines is, as already stated, established by actual demonstration beyond a peradventure.



But the query still remains, how are some of the forms of mercury made soluble and thus prepared to be absorbed through the walls of the minute tissues? Some of them, as the bi-chloride, are readily dissolved in water or some other menstruum, and thus prepared for absorption, others again, as calomel, are scarcely soluble in any fluid suitable for introduction into the stomach, or in any secretion of that viscus. In regard to the crude metal, being a positive fluid already, under any ordinary temperature, and even susceptible of volatilization at any degree of heat above forty degrees below zero, Fahrenheit, I see no impossibility or even improbability of its being taken up by the tissues of any surface to which it may have been applied, whether combined or simply incorporated with any oily substance, as is usual when applied externally, or with conserve of roses as when introduced into the stomach in the form of a blue pill.

Dr. Wood and some other writers of eminence seem to suppose that calomel when taken into the stomach is slowly and partially decomposed by the chlorides of that organ, and converted into the bi-chloride of mercury, which, being in a fluid state, is easily absorbed by the gastric capillaries; but this seems hardly credible, since the action of corrosive sublimate differs very considerable from that of calomel. the former scarcely acting as a cathartic, unless given in toxic quantities, and again, it is perhaps, less likely to produce salivation when given in reference to its alterative effect, (for which it is always used,) than almost any other preparation of mercury. Headland instituted a series of experiments to ascertain the solubility of calomel, and after trying several menstrua, he discovered, as he thought, that bile was the only animal fluid that possessed this power to any appreciable extent; that a given quantity of this fluid actually dissolved a definite amount of this salt, hence he concluded that this medicine, when taken into the stomach, passed unchanged into the duodenum, when meeting with the secretion of bile, it was readily dissolved and subsequently absorbed by the capillaries ramifying on the mucous surface of this portion of the intestines. With this view, he readily accounted for the difficulty of producing an effect, even with enormous quantities of the medicine, when the secretions of the liver was nearly or quite interrupted, as in cholera and some other cases, in which the

article seemed to remain undissolved and passing along the intestinal track, to be finally thrown off with the excrementitious matter of the system. It must be confessed that this theory is plausible, and accounts, perhaps, as well as any other, for the solution and absorption of calomel into the blood, but yet, this is far from being satisfactorily proved.

From the speedy effects of very small doses thrown dry into the mouth or incorporated with a trifling amount of sugar, at short intervals, as in cases of cholera infantum and others, I am half inclined to think that these minute quantities are more or less perfectly dissolved by the saliva or some one of its ingredients, and absorbed directly through the mucous membrane of the mouth and fauces, and in this way enter the blood, and I have recently seen the same idea suggested by a writer in one of the foreign journals.

Whether this be the case, or the medicine in solution or in simple mixture with the secretions of the mouth, pass down into the stomach and be there dissolved and absorbed, it is remarkable how very quickly vomiting and purging are generally allayed by this mode of administration of calomel. The solubility of this article, or rather the mode by which calomel is dissolved, yet remains to be demonstrated. One thing, however, is certain, that it does enter the circulation in a state of solution from the intestinal canal, since it is pretty clearly settled that no solid substance, however minute its particles may be reduced by trituration, can pass through the basement membrane to reach the blood. Leaving the question of the solubility of calomel, and its manner of entering the circulation, I proceed to speak of its behavior, or rather the action of mercury after its ingress into the blood.

Now, I assent, and shall endeavor to prove, that mercury, however it gains admittance in the system, and in whatever way it operates, whether as a purgative, alterative or catalytic, produces its specific effects in one of three ways, first by stimulating the capillary vessels to perform this normal function by direct contact with their walls, and thereby restoring or correcting the various secretions when suppressed or damaged; secondly, by its elimination into the intestinal canal, mainly through the intestinal glands, whereby it causes an increased flow of fluid into that channel, augments the peristaltic motion, and in this way causes purging; and

lastly by working certain changes in the blood itself, and by this means counteracting certain morbid agents in that fluid, when judiciously employed, in the diseased state; and when given too freely or unnecessarily in any condition, deteriorating that fluid, by gradually depriving it of its normal amount of fibrine and other solid materials, thus depressing the general system, undermining the constitution, producing dropsies, cutaneous eruptions, and many other abnormal states that follow the reckless use of a substance so powerful for good or for evil, according as it is prudently or rashly employed. As above stated, the opinion would seem to be entertained by most medical men, if not by writers, that when mercury is given as a cathartic, it merely passes along the alimentary canal, and in this way, by local access, stimulates the mucous membrane of the intestines, and through contiguous sympathy, excites the muscular coat, and thus produces purging. Accordingly we constantly hear of giving some cathartic in combination with it or at a subsequent period to "carry it out of the system, lest it enter the circulation and cause salivation or other deleterious effects"; hence the almost universal practice of most physicians.

Now, I am willing to concede that in many cases where mercury is administered in small, and perhaps repeated doses, not sufficient to cause free catharsis, it is good practice to follow its administration with some purgative after a few hours, or to combine with it some cathartic, in the form of a pill or powder, but I apprehend the good effect in such cases results not from removing the mercurial from "the system," but rather from hurrying away, or floating off, so to speak, the increased morbid and irritating secretions poured out of the liver, and perhaps other glands, into the bowels by the stimulating action of the alterative, but not entirely removed from the intestinal canal. So far from being necessary always to follow the exhibition of mercurials with a purgative to hasten their exit from the system, it not unfrequently becomes necessary to retard their elimination by opiates to blunt the sensibility of the intestinal glands, in order to afford time for their specific alterative effect. There may be instances where the blood is overcharged with this medicine, either from necessity or recklessness, in which, cathartics may be used with advantage, for the sole purpose of hastening its elimination from the system through the alimentary canal.

Few substances can compare with this mineral in its specific stimulant effect on the capillary system, and consequently alterative action on the whole glandular structures. Hence its general use as an alterative or corrective, in all functional derangements, and hence, also, its liability to abuse. If mercury act more promptly and perceptibly on the liver, it is chiefly because it reaches this organ first, in its passages from the upper portion of the intestinal canal through the capillaries, mesenteric and portal veins on the one hand, and on the other, for the reason that this is the largest gland in the body, and consequently a change in its function is more appreciable than in some other secreting organs of less dimensions; nor do I deny that mercury is especially eliminated through the liver, and in this way produces a specific increased elimination of the biliary secretion by an established physiological law; but that the alterative effect of mercury is not limited to the liver, is proved by the well known fact that the addition of this mineral to almost any, indeed, I might say every specific glandular stimulant, materially augments the action of such stimulant, thus by combining a mercurial with a diuretic, diaphoretic, expectorant, or any other like eliminator, its action is materially and palpably increased, mainly, I apprehend, by its universal capillary stimulant effect. That mercury, even when given as a cathartic merely, produces a remedial effect by this universal excitation of capillary and glandular functions long before it purges the bowels, is evident from the amelioration of morbid symptoms appreciable to both the patient and physician. Who has not experienced in his own person, on taking an appropriate dose of this article, a sensible relief from morbid symptoms long before its evacuating effect; and what physician has not observed the great change in his patients condition after a judicious administration of calomel or some other preparation before its purgative action; the hot and dry surface becoming cool and moist, the hurried breathing growing calm, the pulse losing its frequency and sharpness, and in fine, all the abnormal symptoms giving way to the approach of returning health? Hence the advantage of a mercurial cathartic or any other purgative in the commencement of almost any disease, where a purgative is indicated, and where no idiosyncrasy precludes its use. When there is needed simply an evacuating effect, as the removal of some

irritant from the bowels, as crude ingesta, any other well chosen purgative will answer all the purposes, and be preferable to mercury, but when we wish to effect any change arising from congestion or oppressed or disordered secretions, in addition, or previous to an opening effect, mercury, in some form, combined with or preceding some other aperient is of the utmost utility when not contra-indicated by some peculiar idiosyncrasy. All that is necessary in such cases is, to observe prudence in its administration, not to give more than is needful to accomplish the desired aim, nor repeat the medicine when not plainly indicated, for I am well aware that any substance, and especially one so potent as the one under consideration, which tends to produce any material change in the economy, when administered judiciously, cannot but prove more or less baneful, for the reason that any considerable change wrought in the healthy state must needs be deleterious, and that the unnecessarily protracted use of an article even in a morbid condition may prove equally injurious.

One way in which mercurials act as cathartic, I think, is not always recognized. This remedy, given in some abnormal states of the liver, even in a very small dose, will not unfrequently act sharply as a purgative, while the same quantity repeated after a brief period, say twenty-four or forty-eight hours, will operate far less actively, and perhaps, if given the third time after a similar interval, will cease to produce any cathartic effect. This would seem plainly to indicate that the aperient action depended immediately upon the presence of superabundant or acrid bile suddenly poured out of the liver by the action of the medicine, rather than the elimination and direct effect of the mercurial itself, and that as soon as the morbid secretion disappeared, and the healthy action of the gland became established through the stimulating and restorative effect of the mercury, the article ceased to be purgative, since the small quantity employed, though sufficient to stimulate the liver and emulge the bile ducts of their retained and morbid contents, was insufficient of itself to produce catharsis, by its elimination through the intestinal glands into the bowels. I am aware that I am here met by an objection raised by some recent experiments, and writers in the journals, that "mercury, so far from restoring or augmenting the action of the liver, actually interrupts its functions, and thereby

checks or suppresses the secretion of bile, as proven by repeated experiments on living animals, as dogs, &c." and further, that "the natural yellow color of the *faeces*, results, not from the coloring matter of the bile, but from a peculiar secretion from the large intestines, and that the "green stools" that so generally follow the exhibition of mercury, depend on its combination with the intestinal secretions, rather than upon any morbid secretion from the liver, eliminated through the action of this alterative." These statements seem plausible, but I apprehend that the profession are not prepared to accept them as truthful till demonstrated by further observation and experiment on the human system. A doctrine so much at variance with the almost universal opinion of medical men, needs the most positive proof to establish its claims to our confidence.

It is a most palpable fact, established by daily observation, that innumerable cases occur, as jaundice, from functional disturbance of the liver, attended with ash colored stools, yellow tinge of the skin, conjunctiva and urine, symptoms, one would suppose, sufficiently indicative of the coloring matter of the bile being retained in the blood, in which a moderate exhibition of mercury is followed by a complete disappearance of all those symptoms, including a return of the yellow hue of the *faeces*, simultaneous with the clearing up of the whole surface and restoration of the natural amber color of the renal secretion. Again, it is equally true that in apparent torpor of the liver, or defective biliary secretion, as manifest in cholera infantum, and many other morbid conditions, a judicious use of some mercurial will be followed at first by quite dark, it may be, almost black dejections, which subsequently become greenish, and ultimately resume their natural tint, or golden yellow, before the discontinuance of this alterative. Now such facts, and they seem not to admit of a doubt, would appear sufficient to establish the old theory, that the normal color of the *faeces* depended on the presence of bile pigments, and that the black and green stools so often witnessed, after the exhibition of mercury, result from the abnormal hue of retained or obstructed biliary secretions, and that mercury instead of suppressing the action of the liver, positively tends to restore or augment its function, the limited and defective experiments of some modern writers to the contrary, notwithstanding.

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withstanding. While these conclusions may be correct, I can well understand how this article, when administered untimely, or too long continued, may, by its unnecessary or over stimulant effect on the liver, derange its functions, cause morbid secretions of the organ and produce and keep up in this way, the green or chopped spinach stools that I believe not unfrequently attend the abuse of this most valuable medicine. Indeed, I can readily conceive that by a reckless employment of mercury, actual inflammation of the liver may be brought about, as well as a similar state of the salivary glands and I have no doubt but such a state has often been produced by ignorant and careless doctors. Though a wise exhibition of mercury may do much in some instances, in obviating disease by restoring the secretions of the liver, and thus preserving the purity of the blood, (for be it remembered, the liver is one of the great purifiers of that fluid, being, as it were, a great filter, occupying a central position in the system, through which all the blood of the intestinal veins, and some other abdominal viscera percolates, so to speak, before reaching the heart and general circulation,) still, I am led to conclude that much of the remedial effects of mercury, in its action on the liver, consists in a removal of the obstruction in the hepatic capillaries by its stimulating action upon those vessels, and thus relieving abdominal congestion, necessarily resulting from partial obstructions, and producing, when not relieved in this way, cholera, diarrhea, enteritis, etc., according to the intensity and continuance of the engorgement, and that the "restoring of the secretions" is but an index to the removal of an obstructive cause, and a return to a healthy circulation, rather than the efficient cause of a restoration to the healthy condition, since the bile must needs be more or less suppressed or vitiated whenever the circulation through the liver is seriously impeded; hence we hail its re-appearance in cholera and other cases, as a sure indication of a removal of obstruction, in the portal circle, and a return to the normal condition. I have thus dwelt long on the action of mercury on the liver, for the reason that very many of our profession seem to regard this as the chief object in administering the article, that most, if not all the morbid conditions in which this mineral is found to be useful, depend on or are connected with, some abnormal state of that viscus, save, perhaps, the single ex-

ception of syphilis, while nothing, I think, is farther from the truth.

The anti-phlogistic action of this medicine seems to result from two causes, the one, and I think the first and most important is, as above stated, its specific stimulating or exciting action on the blood capillaries, or rather, I would say, the ultimate tissues themselves; for I regard the capillaries, not so much vessels, in the proper sense of that term, as mere channels permeating almost every portion of the tissues, whose walls consist, not like vessels proper, of two or more coats, but of the condensed tissues themselves, lined by a tenuous, structureless membrane, differing somewhat from that of the smallest artery or vein, precisely fitted to prevent extravasation of the blood through the tissues, on the one hand, and on the other, to admit the freest osmose of that fluid to the molecules that occupy the inconceivably minute meshes that intervene between the myriads of microscopic passages that traverse the entire structure of the animal economy.

This being the case, the mercury would appear to be brought through the circulation in intimate or direct relation with the ultimate tissues, and thus by its stimulating action on the same, to restore the depressed tone of the capillary walls, promote or recover the vital affinity that exists between them and the contained blood on which depends the capillary force, or that power which appears in part, at least, to maintain the circulation through the several structures independent of the heart's action, and in this way, to facilitate the onward passage of the blood, overcome congestion, promote absorption of effused material, or, in other words, subdue inflammation and restore the normal condition of the part; in fine, to act as a powerful antiphlogistic. That mercury is a powerful antiphlogistic, seems sufficiently proved by the observation of the whole profession, in all ages, since its first employment as a medicine. The palpable subsidence of inflammation in certain tissues, as the serous and others, under its continued use when prudently administered, the visible disappearance of effused lymph, as in iritis, during its administration, and many other like examples of its salutary effect in inflammatory affections, would seem sufficient to demonstrate the truth of the assertion, and it only remains to prove that this effect is brought about in the way I have stated. The



the mineral has no direct influence on the great nerve centres, as the brain, or sympathetic ganglia, as the narcotics, nervous stimulants, and some, at least, of the bitter vegetable tonics, as quinine, appears to be proved from the fact that no immediate sensible effects follow its employment on such centres, as is the case with all the narcotics I have mentioned, whatever be the quantity administered. True, like many other mineral catalytics, its continued and injudicious use may work, and doubtless has wrought, certain destructive changes in the blood, that in the end, have been productive of various distressing nervous disorders, as tremors, epilepsy, paralysis, &c., but these are only indirect and ultimate results, common to other cathartic medicines, rather than the primary, legitimate and specific products of mercury itself, consequences that follow and depend on the deteriorated state of that fluid, whatever may have been the cause. Nor does the article appear to have any direct effect on the heart or large tissues, in-so-far as we can discover from observation, as do many other arterial stimulants and sedatives, whether acting immediately on the tissues of those organs themselves, or through their nerve tissues; nor yet can we perceive that its action is peculiar to any one glandular structure, or any portion of the fibrous tissues, as is the case with the specific eliminators, astringents, etc., but we are compelled, as it were, by the law of exclusion, to look to the capillary vessels and ultimate tissues themselves, as the peculiar seat of the action of mercury, and here we find abundant evidence of the fact. Here would seem to be the seat of all the physiological and pathological changes and modifications of the animal economy, or at least, the manifestations of such alteratives, whatever their source may be. In or through this infinite labyrinth of infinitesimal channels, all the vital processes take place as absorption, secretion, nutrition, assimilation, innervation, calorification, &c., and here, also, are manifest all the morbid changes, as congestion, inflammation, effusion, degeneration of tissues into abnormal growths, whether benign or malignant, nay, even the more purely nervous affections, as neuralgia, hyperæsthesia and anæsthesia, convulsions and paralysis, doubtless frequently, perhaps I should say always, have their origin directly from abnormal capillary circulation, whether this morbid state be caused by some direct irritation of the minute vessels or the ultimate molecules composing

their parietes, or from loss of nerve force or enervation arising from defective generation of nervous fluid or influence, if you please, in the nerve centres of organized life, caused by the presence of some morbid material, as miasm, received into the blood, and thus brought in contact with such centres, causing, for the time, depression or paralysis, so to speak, of those functions of the nerve currents that go to innervate the capillary walls or the ultimate tissues of which they are constituted.

While some medicines, like opium and quinine, appear to act secondarily or ultimately on the wall of these minute vessels, by reason of their primary action on the nervous centres of animal and organic life, and in this way preserve or restore the tone of these intermediate passages through the nerve filaments that go hence to innervate them, mercury would seem to act directly and locally on the same capillary walls by actual contact with them, as it is conveyed to them by the blood in its passages through the various tissues. That a restorative action is produced by this article on the capillary vessels, thus overcoming engorgement and equalizing the circulation more or less throughout the system, seems sufficiently demonstrated to our senses, when we perceive by the feel, the wonderful change which is effected on the external surface after the exhibition of any mild mercurial, long before the medicine operates specifically as a cathartic. As above stated, the cool, soft and moist skin, the reduced frequency and hardness of the pulse, the increased action of all the emunctories, proves conclusively to my mind, that the universal effect results from no cause other than the peculiar action of the mineral on the whole capillary system of vessels, or the ultimate tissues that constitute their parietes.

That in addition to this effect of mercury, it exercises another influence when continued a sufficient length of time, I am not disposed to question. That by virtue of its cathartic effect on the blood itself, whereby that fluid becomes deteriorated, or more or less deprived of its albumen, fibrin, and normal amount of solid corpuscles, it tends powerfully to reduce its stimulating effect on the tissues in inflammatory states, in which there exists, always, perhaps, an abnormal amount of fibrin, and, at the same time, by their impoverishing process promotes absorption, not only of the morbid products, but if continued long enough, of the healthy structures,

is sufficiently evident. But while this anti-phlogistic property of the mineral may be taken advantage of in sthenic cases and in good habits, in the opposite conditions it is a serious objection to its use, indeed, we are obliged often to deprive ourselves of the primary anti-phlogistic properties of this article, as I regard them, in degraded or enfeebled habits, for the very reason of the attendant evils that are liable in such cases to occur from this catalytic effect. In all such circumstances we must use the medicine, if at all, with the utmost caution, and perhaps combine with it, or administer simultaneously, some restorative tonic, as iron and quinine, to preserve the normal integrity of the blood, while we are availing ourselves of its anti-phlogistic influence by virtue of its stimulating effects on the capillary tissues, and this principle is daily acted on all judicious practitioners, who give tonics and chalybeates in connection with alteratives when a long course of the last is requisite in protracted cases in good habits. Now, I apprehend that in giving an ordinary mercurial cathartic, or in pursuing a mild alterative course for a short period, no considerable catalytic effect is produced on the blood, nor any perceptible or lasting evil is inflicted on the fluids or solids, but the good effect we obtain depends on the temporary stimulating action of the medicine on the capillary system, as above explained, rousing the dormant vessels, giving tone to their walls, so as to cause them to retain their firmness, and thus resist the incoming blood driven into them by the heart's action, instead of yielding to the "*vis a tergo*" and becoming a gorged and distender, on the one hand, and on the other by promoting that vital energy of the parietes of the minute vessels, or the chemico-vital affinity between them and the blood, on which to some extent, at least, the capillary circulation depends.

The above conclusion being correct, we readily discover with what skill and caution we should employ an article so powerful for good or for evil in a large range of diseases: that in ordinary constitutions we may safely use it, so as to obviate capillary obstruction, equalize the circulation, "restore secretions" generally, overcome congestion, and finally prevent or moderate inflammation, and thus preserve the tissues from fatal disintegration; and again by an unskilful, incautious or reckless administration of the same, we may over-stimulate and debilitate the capillaries, produce inflammation,

deteriorate and ultimately destroy the vitality of the blood, interrupt the vital forces, irritate or paralyze the nerve centres, and, in fine, undermine and destroy the whole constitution; that even the smallest quantity of the article administered to certain individuals of a peculiar idiosyncrasy, or other person under certain circumstances, may prove disastrous, by excessive salivation, violent purging and other equally deplorable effects; but such instances are rare exceptions to the legitimate action of mercury, and should be regarded in the light of accidental results liable to accrue not only with this and all other efficient remedies, but in all the various conditions and circumstances of life.

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**ART. II.** (*Death from Chloroform: Fatty Degeneration of the Heart.* By J. F. MINER, M. D.)

The following case of apparent death from chloroform is of value, in a statistical point of view at least, and has some features of interest connected with the general questions of, to whom, and under what circumstances, is it safe and proper to administer chloroform.

(Oct. 20—E. B., aged about <sup>40</sup>forty, received injury in coupling cars, the right hand being crushed between the car bumpers.) He was brought into my office, and upon examination was told what was before quite apparent to him, that (amputation of the fore-arm) would be necessary.

He requested chloroform to be given, and I commenced its administration, while my private students arranged for the operation. The chloroform was given by dropping it upon a napkin and holding it at sufficient distance to allow ample atmospheric air. After breathing it, for a few minutes, he became talkative and finally considerable excited, requiring restraint. He soon had a condition of rigidity of the muscular system, drawing back the head, as in partial convulsion. This condition attracted my attention and caused me to withdraw the chloroform, though he had the second before, talked loudly and profanely, and did not appear enough under its influence for me to think of permanently discontinuing it. His appearance was

now peculiar and cannot be described by words. I noticed that there was something in his respiration and general condition which I had never before observed in patients inhaling the vapor of chloroform. I had merely time to say to my assistants his pulse is very weak, when I was obliged to finish my sentence by saying, it has stopped. Respiration ceased after one or two short inspiratory efforts, and my patient was dead.)

Such is a brief history of what occurred before *post mortem* examination, in which I was assisted by a number of my professional friends.

~~Prof. T. E. Rochester, at my request, has kindly furnished the following *post mortem* appearances, and the results also of a careful microscopic examination of the tissues of the heart:~~

*Autopsy.*—Six hours after death. Body of a well formed man, slightly muscular, about forty years of age. Weight, estimated at one hundred and forty-five pounds. Surface cold. Cadaveric rigidity slight. Hæmatic suggestion very marked. Hand and lower forearm terribly crushed, lacerated and denuded.

*Sectio Cadaveris—Thorax.*—Lungs collapsed, no adhesions, crepitant, pallid—healthy. Pericardium contained about one ounce of straw colored serum. Two white spots (*maculæ lacteæ*) on cardiac reflexion of right ventricle, the larger, an inch in diameter. *Heart.* Right auricle and right ventricle enormously distended with dark and fluid blood. Fatty deposit about base of heart, a little more than common. Ventricles *red*, but doughy and inelastic, and feeling like tallow when punctured with a tenaculum. *Heart opened.* A large quantity of dark fluid blood escaped from both auricle and ventricle of right side; left auricle and ventricle *empty*. The tricuspid valve and the aortic and pulmonic valves were normal. The mitral valve was functionally adequate, but was the seat of a slight abnormal deposit, probably fibrous. Weight of heart, emptied, ten and a half ounces. The walls of the auricles and ventricles were about normal in thickness, but the belly of the left ventricle slightly exceeded half an inch. The cavities were somewhat more capacious than usual. The muscular fibre looked pretty well, but was soft and *mashed* under the finger like tallow.

*Microscopic Examination.*—Portions of the right and left ventricles and of the *columnæ carnæ* of the left ventricle were in-

spected: The muscular fibre was very distinct, but looked like a wax cast of the same. It was very thickly interspersed with fat granules, and oil globules were very abundant in the field. The liver was healthy; the kidneys normal, but engorged with dark fluid blood:

*Remarks.*—The extreme fluidity of the blood, and the fact that both the right auricle and right ventricle were enormously distended, is to say the least, peculiar—and affords much room for speculation. There was fatty muscular degeneration to an advanced degree, and yet it is very doubtful if this could have been detected by careful physical exploration, conducted at any time before the occurrence of the sad accident.

In most of the deaths by chloroform, where *post mortem* examinations have been made, "fatty degeneration of the heart" is reported. This condition must be much more frequent than is generally supposed; and where there have been no signs or symptoms to indicate its existence, it cannot be discovered by manipulation or auscultation.

Fatty degeneration of the heart, without other change, is a pathological condition, which usually gives during life no signs adequate to its discovery. If we could know that such disease was present, we might refuse chloroform and ether, and choose the suffering incident to operation rather than the risk of anæsthesia. But a well marked case of fatty degeneration of the heart, has dangers which even anæsthesia might lessen. All surgeons are familiar with the case reported by DeSault, who lost a patient about to be lithotomized. He was supposed to have died from sheer fright, when this distinguished surgeon only marked the line of intended incision with the thumb nail. If this patient had been inhaling anæsthetic vapor, there would have been no doubt, that it was the agent which produced the fatal result.

In the case reported, the fright and excitement which the injury and anticipated operation caused, was adequate to produce instant death, in a case of fatty degeneration of the heart, or in any other condition of this organ where its strength or function was greatly interfered with. It is a common occurrence to see patients with structural disease of the heart drop down and die suddenly from the slightest causes of excitement and increased circulation. It may be

*It follows then that chloroform to kill in cases where there is*

that the increased heart action, caused by excitement and fear, is as dangerous in such cases as the anæsthetic. Formerly we used to hear of *fear* and mental *shock* proving instantly fatal, but no mention is made in those cases of the condition of the central organ of the circulation. The histories of persons being sentenced to be bled to death, who actually died on hearing the water trickle into the basin, which they supposed to be blood issuing from their veins, after their arms had been slightly pricked, although no vessel had been opened, are familiar to all. If we had given our patient no anæsthetic, and the result had been the same, we should have been reasonably well satisfied with attributing the death to mental shock, or mental shock joined with the shock of injury, and if not thus satisfied, we should have regarded the explanation as complete when the condition of fatty degeneration of the heart was taken into consideration. It *seemed* at first a case of unmistakable death from chloroform, and the *post mortem* examination was commenced with the expectation that no organic change would be found to explain the result. The history of death from chloroform would seem to leave no doubt of its having proved fatal in a considerable number of cases, where no fault in administration or disease of patient could be urged in explanation or extenuation. It is perhaps as desirable to make careful discrimination, and exclude from our list of deaths from chloroform all cases which do not rightfully belong to it, as it is to trace to it all deaths which it causes. We want to know the amount of risk involved in the inhalation of chloroform in conditions of perfect health, and what effect it has also, in conditions of disease. But few of the cases of death from chloroform have been subject to careful *post mortem* examination, and consequently their histories may be said to be in great degree imperfect.

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## Correspondence.

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### A Visit to the Massachusetts General Hospital.

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*Editor Buffalo Medical and Surgical Journal:*

DEAR SIR:—Not many months since a long-cherished desire of mine was gratified in a visit to this institution, some little account

of which I have thought would not be wholly devoid of interest to the readers of the Journal. Medical practitioners at home have a way of familiarizing themselves with hospitals abroad to a greater extent than with their own institutions at home. Physicians may have considerable knowledge of Guy's Hospital in London, through the medium of "Guy's Hospital Reports," while knowing but little of Bellevue, the Pennsylvania or the Massachusetts General Hospitals, which institutions have not until recently issued "Reports."

We now are in possession of the means of knowing more of the Pennsylvania Hospital, since the staff have put into our hands the first and second volumes of the *Pennsylvania Hospital Reports*, having begun this good work—with promise of continuance—we may hereafter know as much of the medical and surgical practice in at least one of our hospitals, as we do of that within the walls of hospitals abroad.

The Massachusetts General Hospital has attained to nearly sixty years of age, but is not in its dotage by any means. It has very recently provided itself with one of the finest operating rooms to be found in any hospital in any country. It was my pleasure to visit every part of the hospital from the surgical and medical wards down into the laundry and kitchen, to observe not only how space was economized in the plan of drying clothes, but to witness the process of soup making. The visitor I think, in first entering within the walls of this institution, would be forcibly impressed with its cleanliness and quaint appearance. The old fashioned fire places will attract his notice, his almost noiseless tread upon solid pine flooring in the stair way, halls and wards, must certainly be grateful to all inmates. The system of ventilation I conclude is perfect, not a disagreeable odor was detected during my presence within the hospital.

By the kindness of Dr. George H. Gay, one of the attending surgeons, I made the acquaintance of Drs. Cabot and Bigelow, both of whom are also visiting surgeons; as it was ten o'clock, and the service of Dr. Cabot, by invitation we accompanied this gentleman through the surgical wards into the operating rooms and witnessed some minor operations. I saw within the surgical wards more stumps from amputations, single and double, of both upper and



lower extremities, than I have before witnessed in any other hospital. I had just previously visited Bellevue, New York, but I should judge that the relative number of amputations in the two institutions, at the time of my visit, was as ten in the former to one in the latter. This number, which seemed greatly disproportioned to the capacity of the two institutions, led me to inquire how it happened—why so many amputations, and if what I saw before me was what we sometimes used to style “conservative surgery,” and was answered that the patients brought there were injured by the rail roads, and that the injuries were so severe from this cause as to necessitate amputation; and in this connection I was told what, however, I before knew, that the rail roads formed a perfect net-work in and around Boston; that the roads diverged in every direction from Boston, as a centre, like the spokes of a wheel, and in this way I conjecture Boston had come to enjoy the *sobriquet* of “Hub.”

In this hospital, dressing for compound fractures consists of acid carbolio and glycerine, equal parts, with white lead enough to make a paste, over which is placed tin foil.

Dextrine is used for splints in place of the starch bandage. It dries quickly and makes the bandage as hard as board.

Ferri per sulph. is no longer used as an injection for the cure of varicose veins, on account of the injury it had in several cases inflicted upon the patients. The caustic potassa is employed instead.

Upon entering the female surgical wards, we were met by two female medical students, who were privileged to visit these wards with the visiting surgeons, and to receive such instruction at the bedside as the female patients could furnish and the visiting surgeons and physicians could impart.

At the end of a well spent two hours in this hospital, I was invited to be present at the opening lecture of the Medical Department of Harvard. As the institution is adjacent to the hospital, I availed myself of the kind invitation and was present at the opening lecture.

Upon the platform were assembled the savans of Cambridge and the *literati* of Boston to the number of thirty or more, among whom was Prof. Agassiz. The audience room proper was filled to overflowing; there was not even standing room, and many had to

go away disappointed in not being able to hear the opening lecture.

I learned, there were an increased number of students in attendance, and they were certainly as intelligent a body of students as I ever saw assembled together.

I could not avoid the conviction that Boston was a most desirable place for young men to acquire a thorough knowledge of the medical profession, and shall ever remember my visit there as one among the most pleasant of my life, and shall gratefully cherish the kindness and courtesy shown me by those whom I was thrown in contact.

Yours, etc.,

G.

Buffalo.

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Puerperal Eclampsia, etc.

*To the Editor Buffalo Medical and Surgical Journal :*

DEAR SIR:—It seems to me that our mutual friend and your frequent contributor is a little unfortunate at time in giving advice to younger members of our profession. One grain of morphine, hypodermically administered *every half hour*, he thinks not too much, so long as the convulsions last.

Under this treatment we should expect a *complete suspension* of the convulsions in from one and a half to two hours, *as well as the suspension of the life of the patient!*

I believe it is admitted by all, that medicines hypodermically, are more speedily and more powerfully operative, even in the same dose, than when administered by the mouth—the reason being the whole of the dose must, of necessity, enter the circulation at once—whereas, when administered by the mouth, it must commingle with the contents of the stomach, whether great or little, and consequently enters the system slowly and gradually.

That the dose referred to may be judiciously administered, and even repeated once, *under certain circumstances*, I am not going to deny. (Though I may here be allowed to express my doubt if such a dose, by actual weight, has ever been fully and perfectly administered hypodermically, and repeated in half an hour, and the *patient survived!*)

I simply wish to say that I regard this statement in your July Number as a suitable text and occasion for giving my own views upon the use of opium in puerperal convulsions.

I have not the time or inclination to write, or you the space to publish, or your subscribers the patience to read, a full expression of my views upon the pathology of puerperal eclampsia.

But I do hope to give a few practical hints that may be of benefit to the inexperienced, who may, unwisely, have tried this plan of treatment and failed, that they may possibly conjecture *why* they have failed.

The indications for the use of opium in convulsions, or in any other disease, where the brain plays an important part, are plain and unmistakable. *If the pupil of the eye is contracted much beyond its normal condition, opium is always, and under all circumstances, in any dose, a positive injury. If the pupil is enlarged beyond its normal condition, opium may be administered (allowing time for its action), in any dose that will not reduce the pupil much below the normal condition!*

This is the point I wish to make, and the rule I wish to lay down for the guidance of the inexperienced. To give opium in a certain disease, in certain doses, regardless of conditions, manifests ignorance and want of discrimination.

In puerperal convulsions, of an hysterical type, there is no remedy that can begin to compare with chloroform—it will always control them. But in the apoplectic form of puerperal convulsions what can we say of it? The same that we can of one grain doses of morphine—it will invariably kill the patient!

It is only in the hysterical and epileptical form of puerperal convulsions, that either opium or chloroform can be administered with benefit, or even safety. In either of the two, opium may be administered with benefit, but not in doses of one grain sulphate of morphine every half hour, *ad libitum*, hypodermically administered!

In the apoplectic form of puerperal convulsions, whoever administers morphine in one grain doses hypodermically, will in our opinion have no reason to boast of his success.

Yours truly,

O. C. GIBBS, M. D.,

Frewsburg, Chautauque Co., N. Y.

## Miscellaneous.

### Two Cases of Double Spontaneous Dislocation of the Lens.

By HENRY W. WILLIAMS, A. M., M. D., Boston, President of the American Ophthalmological Society.

On July 13th, 1869, I saw Mr. M., a healthy man of 35, who gave me the following history:—

At about 18 years of age he was told that his iris quivered in both eyes; and this he had himself been able to observe on looking in a mirror. Probably the suspensory attachments of the crystalline were even then relaxed or separated to a greater or less extent.

About a year and a half since, the lens of the right eye passed through the pupil into the anterior chamber, and this phenomenon has been repeated, at intervals varying from two or three weeks to as many month; always occurring when he stooped or made an effort in lifting. Usually, he has been able to replace the lens by shutting himself for a few moments in a dark closet. The displacement has not generally been accompanied with pain.

He has noticed that when he leaned his head towards the right he saw better, when towards the left he scarcely saw at all with this eye. He wears No. 6 concave glasses, and with these reads No. xxx. of test types at ten feet distance with his left eye. Vision good for reading with this eye.

Four days before I saw him, the right lens became displaced into the anterior chamber, and has remained there, giving him a dull pain in the globe, and causing very slight injection. It appears like a large drop of oil between the cornea and the iris. The pupil is considerably dilated, and the iris is distended by the over-lying lens.

He was placed upon his back in a dark room, and the cornea was gently rubbed with the upper lid, until, after a few minutes, the lens slipped back into the posterior chamber. When his head was upright the lens now covered the inner half of the field of the pupil; when the head was leaned towards the right shoulder nearly the whole field of the much dilated pupil was covered by the lens; but when it leaned towards the left shoulder the margin only of the lens was visible at the inner edge of the pupil. Evidently the displacement was lateral, without any tilting backwards.

When the lens was nearest its normal position he saw, with his No. 6 *concave* glass, nearly as well as with the other eye; when it was laterally displaced he saw best with No. 6 *convex*.

On examination with the ophthalmoscope the fundus of both eyes seemed normal. The iris was tremulous in the left eye, and there can be no doubt that in this eye also the attachments of the suspensory ligament have given way to some extent; but as the pupil in this eye was contracted, as a consequence of the large dilatation in the right eye, it was not possible to determine how much dislocation

of the lens existed unless after artificial enlargement of the pupil, to which it was not desirable to resort lest anterior displacement might perhaps occur in this eye.

Three large doses of extract of calabar bean were put into the right eye; producing at the end of an hour, an evident though but slight diminution in the size of the pupil. This proved, however, insufficient to prevent the lens from again falling into the anterior chamber on his making a slight movement forward. It was again replaced, by friction upon the cornea, and he was kept on his back, but not in the dark, for some time longer. But even the slight effort of rising from his chair, without any perceptible forward movement of the head, sufficed to again propel the lens through the pupil. It is not unlikely that some accommodative effort of the eye may have had an agency in the displacement.

Replacement being once more effected, he was dismissed with directions to put a square of calabar gelatine into the eye every hour, in the hope that sufficient contraction of the pupil might be induced to form a permanent barrier to the escape of the lens into the anterior chamber.

The next day the friend who accompanied him reported to me that the lens had been several times displaced. He was advised to remain quiet during the day and to continue the calabar, and if necessary, to report to me the next morning before setting out for his home.

He was also cautioned that he must avoid sudden exertion, lifting, &c.; since he might thus dislocate one or both lenses.

Nov. 11th, 1869.—A boy of about 12 years of age was brought to the Ophthalmic Clinique at the City Hospital, both of whose eyes exhibited partial lateral displacement and slight opacity of the crystalline. His mother was sure he had not good vision; but its exact amount could not readily be ascertained on account of the mental imbecility of the patient.—*Boston Journal*, Dec., 1869.

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### On Lead-Poisoning.

Dr. Edward Hitzig of Berlin (*The Quart. Jour. of Psychological Medicine*), after a comprehensive survey of lead-poisoning, lays down the subjoined conclusions:

1. Lead, after its absorption into the circulation, may remain in the organization for a long time without exhibiting its characteristic symptoms of poisoning.

2. When these symptoms appear, they are to be regarded as a result of an expurgation of the lead from the circulation into the organs; and indeed those symptoms are (excepting the encephalic) made manifest mostly in the muscles, through direct lesion of the capillary system.

3. A fixed lead concentration in the blood is not the only necessary precursor of symptoms of lead-poisoning, but rather indicates certain affections of the coats of blood-vessels, which interfere materially with the normal process of exudation.

4. The afore-mentioned affection of the blood-vessels exists, during the first stage, in a more powerful contraction of the muscles and a reduction of their calibre; consequently, the intravascular pressure, and with it the transudation, is increased, so that a reduction in the volume of blood ensues through a loss of a portion of its watery substance. The opposition noticed in the circulation from the same cause may be the preparatory symptom of local-organ poisoning.

5. During the second stage we noticed relaxation, and a varicose degeneration of the venous coats, rendering the valve insufficient. Even these changes assist through the possibility of the lead compounds passing into organs.

6. The peculiar predisposition of certain muscles to lead paralysis manifests itself through the various conditions of the veins of those muscles.

7. The manufacture of curled hair, and undoubtedly the use of poor materials, predisposes to lead-poisoning.

8. Mobility in cases of lead-poisoning, is lost before the electric contractility.—*Med. Review.*

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### Elephantiasis Arabum.

Among the more positive practical advances of recent date may be mentioned the fact, now so well established, of the marked influence exerted upon a limb affected by elephantiasis arabum brought about by arresting the circulation through the main artery of the part. Many successful cases have been reported during the last few years. Ligature of the artery has been usually resorted to, but that this is not always necessary, is proved by Vanzetti's case, where a cure was effected by digital compression alone.

The last summary on this subject is given by Dr. Fisher, of Hanover, who tabulates the cases which had occurred up to date, twenty-one in number. Out of these, eleven are reported cured, nine entirely, and two very nearly. In two cases there was improvement. In seven no improvement or death was the result; and one, Vanzetti's case, was cured by digital compression. The table proves that this method, although not necessarily successful, is yet an improvement on the treatment previously in use. The idea of curing elephantiasis by interrupting the circulation of a limb originated, it appears, with Dr. Dufour, since, in an article written by him in the *Gazette Hebdomadaire*, 1863, he states that his first attempts in this direction date back thirty years; in other words, he was already experimenting the idea in 1833.—*N. Y. Med. Journal.*

VOL. 9, NO. 6—4.

### On a New Method of Using Needles in the Operation for Harelip.

I venture to bring before the notice of practical surgeons an improvement in this operation, which I believe to be of importance. It is an operation which is performed principally for æsthetic reasons, and it is frequently marred in this respect by the ungainly scars which are left by the needles when used in the ordinary way; in fact, I have not yet seen a case in which this defect has not been marked. What I propose is, that, instead of two or more needles being introduced transversely through the flaps, they should be used in this manner: Having made what incisions he deems requisite for the operation (and I may here say that I have abandoned all the fancy manipulations for the old-fashioned straight incisors, removing plenty of tissue), the surgeon is to introduce two ordinary seamstress's needles, armed with a few inches of silver wire doubled, through the flaps, in the form of a St. Andrew's cross; the point of each needle is to be introduced through the mucous membrane of the lip, about half an inch from the edge of the flap, and brought out at the middle of the incision, then introduced into the other flap at the point opposite, and brought out at the root of the ala of the nose. The needles cross in the middle of the wound. The flaps are to be carefully adjusted, then the heads of the needles to be pushed fairly into the lip, and pulled together by twisting the wires; the points of the needles are then to be cut off close to the skin, and the stumps retracted into the flesh. In this way nothing is left to "catch," and, when the needles are removed, by untwisting the wires and pulling by them, there are no scars left.

In the last case in which I used this method, the parents of the child, aged seven, say that it is scarcely possible for a stranger to tell that the child had been operated upon, and in this case there was a complete and very wide intermaxillary cleft, which I had previously closed.—L. TAIT, in *Lancet*—*Leavenworth Med. Herald*.

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### Treatment of Tapeworm.

Dr. Johann Rulle, in an "Inaugural Dissertation," gives the following results, derived from the giving of certain components of the extracts of male-fern to twenty-nine patients affected with *tænia*: 1. Not only the filicic acid, but also its decomposition-products, which are soluble in alcohol, will destroy tapeworms. 2. One must be very cautious in concluding that *tænia* are destroyed while in the intestinal canal, as the absence of the ova of tapeworm does not always indicate the non-existence of the parasite. 3. The precipitate, thrown down on the addition of hydrochloric acid to extract of male-fern, previously treated with ammonia, is more active than filicic acid. Out of nine cases in which the acid alone was administered, there were two only in which the worm was completely expelled, while in two the agent was quite useless. With the precipitate, on the other hand, the worm was wholly discharged in four

instances, and a completely negative result followed but once. 4. The pure filicic acid was administered in twenty-four instances without change of diet, and in fifteen where the diet was changed: in one of these cases the result was imperfect; and in a second, failed altogether. The hydrochloric acid preprecipitate failed in three instances in which the diet was unchanged; in nine other instances, in which the diet was restricted, there was not a single miscarriage. Hence the great importance of attending to the diet as a condition of success in the treatment of worms. 5. Filicic acid, given in the form of pill, removes tænia with the greatest certainty when it is combined with castor-oil. This increase in the action of the agent is to be ascribed, not to the solubility of the acid in the castor-oil, but rather to the drastic action of the latter remedy. 7. Drastics assist the cure of tapeworm, not only because they bring away the parasite, but also by their favoring the deeper penetration of the anthelmintic into the intestinal canal. 7. The acid is best administered in the impure form of pills, sixteen of which, containing 9.6 *grammes* of the remedy, should be made to serve for four doses. With two of these doses castor-oil is to be combined. This treatment should be preceded by a restriction in diet.—Schmidt's *Jahrbucher*, No. 2, 1869, and *Druggist*, in *N. Y. Med. Journal*.

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### Rights of the Medical Staffs of Hospitals and the College of Physicians of Philadelphia.

Many of our readers are aware that the clinical lectures of the Pennsylvania Hospital have been interfered with by the Board of Managers having unexpectedly authorized female students to attend them. This innovation occurred after the male students had purchased their tickets of admission to the practice of the house, and was regarded by them, as well as by the medical staff, as being in contravention of a contract implied in the sale and purchase of the tickets, as a measure which threatened greatly to diminish the value of the clinical lectures.

Upon the latter ground, also, a protest against it was presented at a general meeting of the physicians and surgeons attached to the several city hospitals, and was signed by them and a number of leading practitioners.

Moved by a similar sentiment the College of Physicians has not only pronounced upon the principles involved in the particular case which suggested the judgment, but also, as becomes a body so distinguished by its age, learning, and professional rank, has grounded its conclusions upon a just sense of the dignity of the profession, and its right to have a voice in the discussion of all questions which affect the relations of physicians and surgeons with the charitable institutions which they both serve and support.

It is one of the anomalies of the present age that medicine, which was never before so full of knowledge and power, nor so lavish in



conferring benefits upon society, should, nevertheless, be so generally decried by teachers of philosophy, and subjected to such wanton insults by those it has most efficiently served.

In the army and navy, not only of the United States, but of Europe also, the claims of the medical staff to an appropriate rank are treated by the political authorities with derision and contempt.

The wise and enlightened counsel of our brethren to Boards of Managers concerning the construction and economy of hospitals is unceremoniously thrust aside; their administration of medical and surgical offices is sometimes interfered with, and they are made to feel, as far as can be, that, not educated, scientific, and skillful physicians, but managers and trustees, albeit entirely destitute of professional knowledge, are the proper and rightful judges of medical questions, and are entitled to the power, which in fact they exercise, of over-riding remonstrance and despising advice. This conduct appears the more extraordinary, as it is certainly the most offensive, when it is remembered that in this country physicians serve the hospitals gratuitously, while everywhere else their services are remunerated.

The reasons for these anomalies, it appears to us, are two in number. The one is that physicians, by unselfishly giving their time and skill to public institutions, have cheapened their value. The other is that the superficial and illogical education, which even the lowest classes of society now obtain, has created a class of critics and judges whose dogmatism is on a par with their ignorance, and whom no fear of disastrous consequences deters from rash experiment and arbitrary innovation.

It seems, therefore, to be high time that whatever of manliness and independence there is in the medical profession should be aroused, and that the managers of hospitals should be told, respectfully but plainly, that they are not the owners in fee simple of these institutions, but only administer them in trust for the public who support them, for the sick to whom they are devoted, for the physicians without whom they could not exist, and for the students of medicine to whose education they are indispensable.

This statement will enable our readers to understand more clearly the subjoined resolutions, which were unanimously adopted at an unusually large meeting of the College of Physicians of Philadelphia, held Dec. 1, 1869, and ordered to be published:

*Resolved*, That as hospitals depend in a great measure for their efficiency and good repute upon the character and skill of their medical officers, and as these officers habitually perform their laborious and often dangerous duties without compensation and with great devotion and zeal; it would seem that justice, as well as courtesy, required that in all things pertaining to the medical discipline of such institutions, the medical staff should not only be consulted, but that no measure materially affecting the patients should be adopted without their concurrence.

*Resolved*, That in our judgment such consultation and concurrence are equally desirable whenever it is proposed by the govern-

ing board of a hospital to change the system, established by long usage and general consent, of giving clinical instruction; and that students of medicine authorized to attend the clinics, as well as the medical staff, have good reason to feel aggrieved by regulations which are innovations upon established custom, which affect their interests seriously, and which have been enacted without their knowledge, concurrence and consent."

JOHN H. PACKARD, *Secretary.*

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### Animal Vaccination and Vaccinal Syphilis.

M. Latour, in the *Union Medicale*, speaks of animal vaccination and vaccinal syphilis as follows: 1. The degeneration of the Jennerian virus is far from being proven. 2. There does not exist a single example of vaccinal syphilis, properly so called. 3. The excessively rare cases of syphilis inoculated by vaccination are explicable by conditions which completely exonerate vaccine virus from all injurious mixture. 4. A large number of pretended examples of syphilis following vaccination justify the most serious doubts as to the accuracy of the diagnosis. 5. Animal vaccination, simply as another cure of lymph, is deserving of encouragement, although it possesses no real or sensible advantage over vaccination from arm to arm.—*Med. Record.*

## Editorial Department.

### Medical College Convention.

To the Trustees and Faculties of the Medical Colleges in the United States:

The undersigned Committee, in accordance with the instructions of the Convention of Delegates from the Medical Colleges, held in Cincinnati in May, 1866, respectfully and earnestly invite you to send Delegates to a Convention to be held in Washington on the Friday preceding the first Tuesday in May, 1870, for the purpose of considering all subjects connected with medical college education, and procuring the co-operation of schools in carrying out a uniform system of medical instruction. It is very desirable that every regular medical college in the country should be represented in this Convention.

Chicago, Ill., Dec. 22, 1869.

N. S. DAVIS,  
S. D. GROSS  
GEO. C. BLACKMAN,  
F. DONALDSON,  
*Committee.*

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### The National Medical Society of the District of Columbia.

Through the kindness of our friend Dr. Toner, we have received copies of several reports, one of which is that of the establishing of a new Medical Society, of

which Dr. Robert Reyburn was chosen president, and Dr. Gray secretary. The occasion of the forming of a new society was the refusal of the old society to admit, on any consideration, colored physicians as members. The National Society propose to admit qualified physicians to membership to exclude irregular practitioners and to adopt a revised code of ethics.

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**Genesee Co. Medical Society.**

We have received, through the favor of Dr. Cotes, of Batavia, the following report of the proceedings of the Genesee County Medical Society, as published in the *Batavia Times*:

The semi-annual meeting of the Genesee Co. Medical Society was held at the St. James Hotel, in Batavia, Jan. 18, 1870.

The meeting was opened by the President, B. F. Benham, at 11 A. M. There was a good attendance of members for this season of the year, and everything passed off in a pleasant and harmonious manner.

Dr. John Root presented the name of E. W. Marsh, of Darien, who was elected to membership.

The following delegates were elected to represent this society at the next meeting of the New York State Central Association, which is to be held at Rochester in June next:

Drs. L. B. Cotes, J. Root, M. W. Townsend, F. W. Crane, and F. L. Stone.

The Society has recently adopted a new Constitution and form of By-Laws, and caused to have printed with them the Code of Ethics of the American Medical Association, which points out clearly the duty of physicians to their patients, to each other, and to the profession at large, and the duties of the profession to the public, and of the public to the Profession. Also a list of the names of the members of the Society since its organization in the year 1801.

Those of the public who may be interested in medical matters and wish to inform themselves in regard to the rules and regulations governing regularly authorized physicians, may obtain a copy by applying to any member of the Society.

After discussing at considerable length some points of interest only to the Society, L. B. Cotes introduced the following resolution, which was adopted.

*Whereas*, Infanticide, before birth, is practised to an alarming degree in this country, and in the neighborhood of every physician, more or less, therefore—

*Resolved*, That the Genesee County Medical Society solemnly repudiates the practice, and that it is the duty of each member, as far as possible, to correct public sentiment upon this subject by laying it before his patrons at all suitable times, and to report any member guilty of practising this flagrant wickedness. And furthermore that the members of this Association consider themselves, and hereby form themselves into a vigilant committee to detect and report any member of the profession outside of the Society, or any charlatan. That they may confer with each other as to the best method to correct this physical and moral evil—at least in this county.

No more business appearing before the Society, it was adjourned.

L. L. TOZIER, *Secy.*

## Items, Selections and Remarks.

BY W. W. MINER, A. B.

Dr. H. M. Beer, of Valparaiso, Ind., says in the *Philadelphia Reporter*, that a dose of two drachms chloroform, given internally, relieves an attack of fever and ague without the aid of quinine, and thinks the internal administration of chloroform as a hypnotic will be largely used in not this disease only, but in others dependent upon congestion and nervous irritation. — Dr. Wm. McKean, of Mt. Hope, Ohio, reports that in place of a regular "Long tube Apparatus for Intestinal Obstructions" he has used a No. 12 flexible catheter in connection with a Davidson syringe, and that twice by this means he has effected the evacuation of obstructions which the strongest cathartics had failed to remove. — Dr. A. J. Gardner, of Grand Rapids, Ohio, in the *Lancet and Observer*, recommends syrup of licorice as an excellent vehicle for the administration of quinine.

Dr. C. F. Chandler, chemist to the Metropolitan Board of Health, finds in his examinations of the kerosene oil of the New York market, that it contains almost without exception a large percentage of benzine and naphtha. — Two cases of death from the use of "Mrs. Winslow's Soothing Syrup," have been reported, and a correspondent of the *California Medical Gazette* reports of the second case that "the infant was six months old and had taken two doses of a teaspoonful each, within ten hours. An analysis of the syrup remaining in the phial, showed that it contained very nearly one grain of morphine and other alkaloids of opium to the ounce of syrup." The proprietors of the article deny the correctness of the analysis, but the *N. Y. Medical Journal* says that "We have seen many cases of infants who came into the Infants' Hospital here stupefied with this same soothing syrup." Another death attributed to the same cause is just reported in New Jersey. — Dr. A. T. Schutzer, of Baltimore, Md., relates the case of a lady 28 years of age, who has consumed in two years, five thousand eight hundred and forty ounces of laudanum, and spent eleven hundred and sixty dollars in purchasing it. — *Reporter*. — A young man named Theodore Nicklos was arrested in Buffalo on suspicion of being the murderer of Dr. Andrew Mead, of Alleghany, and he has since confessed being the author of the crime.

Dr. Chas. Van Graefe, the celebrated German oculist, will visit the United States next March. — J. Marion Sims, M. D., has returned from his European sojourn, and will hereafter make New York his permanent home. — *Lancet and Observer*. — Dr. Thomas Addis Emmet has been elected a corresponding member of the Obstetrical Society of Berlin. — The Homeopathic fraternity have opened a Hospital in New York City, wherein good results may be obtained if they pay their usual attention to hygienic management, and refrain from the system of over-dosing, which seems to be so prevalent among them now-a-days. — *N. Y. Medical Gazette*. — Dr. Paul Schoeppe has obtained a writ of error. A recent suspicion that he was a Prussian forger has been disproven, and he is now awaiting executive clemency.

M. Albert, of Munich, has discovered a method by which a photographic negative is made to hold ink and give impressions after the manner of lithographic

- On the Cryptogamic Origin of Disease, with Special Reference to Recent Microscopic Investigations on the Subject. By Edward Curtis, M. D.
- Report of the Committee on Climatology and Epidemics for the State of New York. By William Faulds Thoms, M. D., Chairman.
- Report on Prophylactics in Zymotic Diseases. By Nelson L. North, M. D., of Brooklyn, N. Y.
- Report on the Climatology and Epidemic Diseases of Texas for 1868. By T. J. Heard, M. D., of Galveston, Texas.
- Report on the Epidemics of California in 1868. By F. W. Hatch, M. D., of Sacramento, California.
- Report of the Committee on Climatology and Epidemics in Massachusetts, 1868-69. By Henry I. Bowditch, M. D.
- Minutes of the Section on Medical Jurisprudence, Hygiene and Philosophy.
- Three Cases of Lead Palsy from the Use of the Cosmetic called "Laird's Bloom of Youth." By Lewis A. Sayre, M. D.
- Report of the American Medical Association, on the Subject of the Appointment of a Commissioner in each Judicial District or Circuit, to Aid in the Examination of Witnesses in every Trial involving Medico-Legal Testimony. John Ordonaux, M. D.
- Report to the Delegate to the Association of Superintendents of Asylums for the Insane for 1867-68.
- PRIZE ESSAY—Quinine as a Therapeutic Agent. By Dr. S. S. Herrick, of Louisiana.
- PRIZE ESSAY.—The Physiological Effect and Therapeutic uses of Atropia and its Salts. By Roberts Bartholow, M. D., of Ohio.
- Observations and Researches on Albinism in the Negro Race. By Joseph Jones, M. D.
- Plan of Organization for a National Medical Association.
- Code of Ethics of the American Medical Association.
- OFFICERS AND PERMANENT MEMBERS.

Catalogue of the Officers of the American Medical Association.

Permanent Members.

Many of these Papers and Reports are of great value and interest, and where all are so well chosen and instructive it is difficult to select any one for particular notice. The Volume as a whole fully sustains the reputation of the Association as the representative body of the profession in the United States, while the Reports and Papers generally reflect great credit upon their authors, as scientific, progressive and earnest men. Some of the papers embodied in this work, have been received in pamphlet form, and will come up for consideration as opportunity offers.

Our space will not permit of anything like a resume of the reports and papers, and we can only assure our readers that the volume of the Transactions of the American Medical Association should be in the hands of every physician. Indeed, it would seem that such assurance would be quite unnecessary, and that every member of the profession would make sure of obtaining a copy upon the first possible opportunity. The work shows the efficiency of the Permanent Secretary,

Wm. B. Atkinson, M. D., who moulds and finishes with great skill whatever he touches.

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*The American Journal of Syphilography and Dermatology.* By M. M. HENRY, M. D.

The editor in commencing the publication of this journal shows an energy and courage worthy admiration, and a hearty support to an American journal of this character will be a credit to the American profession, and especially so since the failure of a similar English publication. The diagnosis of many forms of venereal and cutaneous disease is to the accomplished hospital physician at times quite difficult; much more difficult also, must it be to the practitioner who is isolated from opportunities for special study, to decide in these cases as they are presented to him. The introductory statement of the aims and scope of the journal says that it "can only regard specialties and general practice as mutually supportive, and believes he is the best specialist who does not suffer himself to lose sight of the general current of medical science; and as a corollary, that he is the best general practitioner who keeps close watch of the labors of special investigators.

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*The Medical Adviser. A Treatise on the Theory and Practice of Medicine, especially adapted to Family Use.* By REZIN THOMPSON, M. D. Chicago, 1870.

We have received from the publisher specimen sheets of this work, from which we see that the work (which is by the author of a work on "Fevers, Dysentery, etc.) treats concisely, intelligently and correctly upon the topics it presents, and the accompanying illustrations are frequent and remarkably good.

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*Last Illness of Dr. Alden March. A Criticism on the Management of the Case.* By CHARLES A. ROBERTSON, A. M., M. D.

This is truly a critical review of the report of the attending physicians made to the friends or Prof. March and the public. While the review seems to be in some respects just, it goes too far in intimating that Prof. March occupied a position so much coveted, that intentional mistakes were made in his care, with the view of causing a vacancy.

It would appear almost certain that mistakes were made, but it could not be possible that it was so by evil design. It is probable that there are many facts and circumstances which if understood would materially alter, we hope improve, the present appearance of the case.

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*The Baltimore Medical Journal.*

The first number of this monthly publication is published this month. Drs. E. Lloyd Howard and T. S. Latimer are the editors, and it is their aim thus to afford a medium of communication with the medical world to the profession of its vicinity and of the South. The editorial introductory is energetic and high-toned, and the general character of the journal is such as to attract support.

*A Treatise on Intra-Ocular Tumors*, By H. KNAPP, M. D. Translated from the German, by S. COLE, M. D.

We have presented in this work a very minute description of the various Intra-Ocular Tumors which have been observed, mainly of a malignant character. The author regards the eye as an especially advantageous field in which to study the minute anatomy and pathology of malignant diseases, and is sanguine in his expectations of being able to throw much light upon that ancient question of pathologists, "Do tumors which we term malignant have an innocent primary stage? that is, are they at first local affections which afterwards infect the whole organism, or are their first germs always the products of a (tumor forming) dyscrasy previously present in the system?"

The treatment proposed for all forms of malignant disease of the eye, is early and complete extirpation. It is recommended to make careful examination of the optic nerve, and if any appearance of disease can be detected, after enucleation, to excise a still larger piece of the optic nerve from the orbital cavity, drawing it forward with broad forceps and dividing it as far back as possible.

The careful clinical observation upon which the conclusions of the author are based, give much force and value to the teachings of the work, and we believe that all students of Ophthalmology will be deeply interested in it. Pathologists generally, will receive gladly any contributions to the early symptoms and characters of malignant diseases.

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*Medical Journals and Periodicals.*

"The American Practitioner" is the title of a journal of excellent appearance and character, the first number of which comes to hand this month. Its editors are Professors Parvin & Yandell, the former of whom our readers will remember, has recently removed from Indianapolis to Louisville. The Western Journal of Medicine which Prof. Parvin published when in the former city is now succeeded by the "American Practitioner" published in Louisville. The names of the editors are sufficient guarantee as to the excellence of the journal, which we think is still an improvement upon its predecessor. Original Communications by Drs. Austin Flint, F. J. Bumstead, S. G. Armor and G. O. Blackman, are given in the present number, and the aim of the editors is to make this publication a first-class journal, devoted *exclusively to practical Medicine and Surgery*.—The Canada Health Journal, edited by U. T. Campbell, M. D., of London, Ontario, has been commenced this month, and is devoted to the exposition of the laws of Hygiene as relates to public health. The number of contributors and supporters is large, and the Journal, which is published monthly, is furnished at a price such as to secure abundant patronage.—The publishers of the Pacific Medical Journal and the parties interested in the California Medical Gazette, seem to have conspired to "close up business" for editors of the former publication, by means of a so-called sale of the subscription list of the Pacific Medical Journal by its publishers, with whom it had been entrusted, to the California Medical Gazette, and by sending a circular to the subscribers of the Pacific Medical Journal notifying them

of its discontinuance, and that they would henceforth be supplied with the Medical Gazette. The editors of the Pacific Journal, as soon as the unhandsome trick was discovered, immediately re-assumed entire control of their Journal, and in absence of a subscription list, give the January number a general distribution among California physicians, whom we are confident will see that the Journal, which is eminently worthy support, suffers no loss by the knavish proceeding.—Hall's Journal of Health for January comes to us greatly transformed in appearance. It is now an illustrated newspaper quarto, has, in addition to Hygienic articles, a literary department, and in its enlarged and improved form, altogether retains its well known vivacity, earnestness and humor.—A copy of the *Revue des Cours Scientifique de la France et de L'Etranger* sent to us, contains an article by Dr. J. H. Salisbury, of Cleveland, Ohio, on the "Causes of Intermittent and Remittent Fevers."

### *Scientific and Literary Publications.*

The "Atlantic" for February is an interesting number, and contains an article entitled "Quaff" which considers the phenomena of hallucination, delusions and mania.—The American Educational Monthly which we have regularly received, is the leader of its class of publications, and presents many interesting as well as learned articles.—The American Booksellers Guide, published monthly by the American News Company, is almost indispensable to those who wish to keep posted as to the book publishers market. It not only thoroughly reviews the publishing business of the United States, but contains letters giving full reports of the same in England, France and Germany.—The first number of the Albany Law Journal, a weekly periodical, devoted to the interests of the legal profession, and edited by Isaac Grant Thompson, is received. It would appear from the high literary character of its articles and the ability evinced in them, that the publication must become a favorite with the profession it represents.—Hitchcock's New Monthly Magazine, we can truthfully say, quite surpasses any similar publication that we have seen in the value of the music it presents, the character of its articles and the truthfulness of its criticism. The publisher is well known throughout the country.—Woods' Household Magazine, a popular monthly magazine has a large variety of departments, and is filled with lively and amusing articles. Each number contains forty-four pages, is well worth the dollar subscription, and is published by S. S. Wood, Newburgh, N. Y.—The Scientific American is remarkable for the beauty of its typography, the excellence of its illustrations and the real worth of its articles. It is of first class character, and is held in great favor.—The Educational Bulletin, published by A. S. Barnes & Co., aims to keep the public thoroughly posted as to new educational, classical and school text books, and is of interest to teachers.—The Public Ledger Almanac for 1870, published by G. W. Childs, gives a large amount of information respecting the city of Philadelphia, and is otherwise replete with valuable general intelligence.—The Old Franklin Almanac for 1870, published by A. Winch, Philadelphia, contains astronomical calculations, a great variety of statistics, chronological tables and useful matter, and is highly valued by its established friends.—Vick's Illustrated Catalogue and Floral Guide has a beautiful appearance and is a credit



to its author, Jas. Vick, Rochester, N. Y.—The Printers Bulletin has been again received, and is of interest as bringing to notice the new accomplishments in that art,—Prang's Chromo is an illustrated descriptive guide to the purchaser, of the pieces he so admirably reproduces in chromo.

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*Annual Report of the Surgeon General of the United States Army, 1869.*

The health of the army during the past year shows a material improvement over that of the previous one. The Army Medical Museum has been increased by over two thousand specimens and has been visited by over twenty thousand persons during the year. The manuscript and illustrations of the Medical and Surgical History of the War are in readiness, and the work is progressing toward publication as fast as accuracy will allow. The report on excisions of the head of the Femur, published recently, we have already brought to notice. The number of commissioned medical officers in the army is one hundred and sixty-eight, which is an average of one medical officer to two hundred and four men. There are now two vacancies of Surgeons, and forty-two of assistant Surgeons, and to remedy the deficiency it was necessary (on account of an Act of Congress forbidding appointments or promotions after March 3d. 1869,) to employ physicians under contract. In conclusion Dr. Barnes says :

“ The experience of the past three years has shown that the present organization of the medical staff of the army is the best possible for the interests of the service, and that even were all the vacancies now existing, filled, it would be barely adequate in numbers to the demands of our peace establishment. In the British service where troops are always massed in far larger bodies than in ours, the proportion is one medical officer to one hundred and twenty men, and in both the British and Prussian service the relative rank of the medical officers is greater. In Prussia and Austria the adoption of the organization of the medical corps of the U. S. Army, is strongly urged and partially effected. Regimental Surgeons and Assistant Surgeons are to be done away with, and the entire medical corps will be a staff corps, its officers assigned to their duties, irrespective of regiment, by the Minister of War through the Surgeon General.”

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*Clinical Instruction in Insanity and Diseases of the Nervous System.*

The students of the Medical Class of the University of Buffalo, were, by invitation, favored with a lecture on the 27th inst., from Dr. J. P. Gray, Superintendent of the State Lunatic Asylum for the Insane, at Utica, upon the above mentioned subject. In his remarks, which were quite interesting and instructive, he stated that the success of the late Dr. Griesinger's efforts in instituting Clinics in diseases of the nervous system, at Zurich, Switzerland. and afterwards elsewhere. had been clearly demonstrated and that such a system of instruction was now in operation in the cities of Germany, and was about to be instituted in Scotland, while Dr. Hammond has resumed the same in New York. Very few can give reason why such a course of instruction should not be instituted generally. It has been said that insanity is a disease of the mind, but *there is no mental disease.* In-

*sanity is a disease of the brain, having physical causation, and is therefore a proper subject of medical study.* Physicians who treat *mania a potu*, do not treat the delirium as such, but the pathological condition which occasions it. The same again in delirium accompanying chorea. Another objection to giving attention to this department may be that the treatment of insane is, and is to be confined to the few physicians of the hospitals for the insane. It is a fact that from three to five hundred cases of insanity which require treatment, arise in this State every year; many of these cases are treated successfully, and many more might be treated successfully if the early symptoms were taken advantage of. Again, diseases of the nervous system have a variety of recognizable symptoms expressive of the stage of the disorder. In acute cases of insanity there are physiognomic signs which are indescribable, but are as marked as those of idiocy and as patent to the clinical observer. Delusion is a state that must be defined in order to distinguish nervous diseases from insanity. Insanity is not a loss of consciousness. The insane man knows that he is insane though he will rarely admit the fact, but he may be convinced of it by reasoning with him, (by asking him if swearing, indifference to family, etc., are characteristic of himself,) and this is one of the therapeutic influences; you are to use his delusion to keep him quiet, but are to treat him as if he had no delusion. In all cases you treat the physical cause of the disturbance, defective nutrition and assimilation, tuberculosis, Bright's disease, or whatever it may be. The study of insanity is entitled to have removed from it its psychological mystery, and as a physical disorder is not incomprehensible to the common practitioner, who can avert in the early stage the serious consequences that otherwise will follow. How then can a student be fitted for his profession who is ignorant of the causes, manifestation and treatment of the gravest of diseases. Few cases run their course in a few weeks, and I apprehend the greatest difficulty in clinical teaching will be on account of the chronicity of the affection. A class of typical cases should be examined together. As to the effect upon the patients of taking students through the Hospital, I had observed that it had a good influence upon them, when subsequent correspondence with Prof. Griesinger assured me that such was his own conviction. In New York State the Asylums are all remote from Colleges, and the matter of clinical instruction was considered by the Commissioners in locating the new Asylum in this city, where it will afford unprecedented opportunities which I anticipate will ere long be fully enjoyed by the Institution of which you are members.

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### Commencement in the Buffalo Medical College.

The commencement exercises of the Buffalo Medical College will be held Tuesday evening, Feb. 22d, at the First Presbyterian church. The address to the graduating class will be delivered by Rev. Walter J. Clark, D. D., of Buffalo. It is believed the occasion will be one of interest to the profession and public, and all are invited to be present. It is hoped that curators of the College and members of the profession from the surrounding towns and villages who may be present at the College examinations, will make arrangements to remain and take part in the commencement exercises.

J. F. MINER, M. D.,  
Dean.

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### Erie County Medical Society Dinner.

As a matter for future reference, and as a fact in history, it should be distinctly stated, that Erie County Medical Society does not, and probably cannot, eat dinner; it is never hungry, and will not eat if it is.

Resolutions for a dinner, and committees to provide dinner, and various suggestions about a Society dinner, are often made, and made all very well, but no real dinner will be needed.

## Books and Pamphlets Received.

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**Disease and Injuries of the Eye: Their Medical and Surgical Treatment.** By George Lawson, F. R. C. S., Surgeon to the Royal London Ophthalmic Society and Assistant Surgeon to the Middlesex Hospital. Lindsay & Blakiston, Philadelphia. For sale by T. Butler & Son.

**Obstetric Aphorisms: For the use of Students commencing Midwifery Practise.** By Joseph Griffiths Swayne, M. D., Physician Accoucheur to the Bristol General Hospital, etc. From the fourth revised English edition, with additions. By Edward R. Hutchins, M. D. Philadelphia, H. C. Lea. For sale by T. Butler & Son.

**Transactions of the American Ophthalmological Society, Sixth annual meeting. Also of the American Otological Society, Second annual meeting.**

**Quarterly summary of the Transactions of the College of Physicians of Philadelphia.**

**Fourth Annual Report of the Metropolitan Board of Health of the State of New York.**

**Fourth Annual Report of the Trustees of the State Lunatic Asylum at Northampton, Massachusetts.**

**Report of the Committee on the Relations of Alcohol to Medicine.** By John Bell, M. D., Chairman. From Transactions of American Medical Association.

**Report of the Committee on the Result of Consanguineous Marriages.** By Dr. Robert Newman of New York. Presented to the New York Medical Society.

**Acupressure.** By Joseph C. Hutchinson, M. D., Surgeon to Brooklyn City Hospital, etc. An Essay, to which was awarded a prize by the New York State Medical Society.

**Plastic Operations.** A paper read before the New York Academy of Medicine, February 18th, 1869. By Prof. Frank H. Hamilton.

**The Physiological Action and Therapeutic Uses of "Acidum Phosphoricum Dilutum."** By Judson P. Andrews, M. D., Assistant Physician in the New York State Lunatic Asylum.

**Annual Announcement and Catalogue of the Albany Medical College. Thirtieth Session, 1869-70.**

**Annual Announcement of the Medical School of Maine, at Bowdoin College, for the course commencing February 14th, 1870.**

**Inaugural Address delivered at the Hahnemann Medical College of Philadelphia, at the opening of the session of 1869-70.**

**The Medical Temperance Journal.** Published for the National Temperance League, by Wm. Tweedie, Strand, London.

**Alcohol not Food: A reply to the statements of Dr. Thudichum before the Subcommittee of the Society of Arts.** By Henry Munroe, M. D., F. L. S., London.

**The American Booksellers Guide.** Published monthly, by the American News Company, 119 and 121, Nassau Street, New York City.

**Albany Law Journal, Vol I, No. I.**

**Public Ledger Almanac for 1870.** G. W. Childs, Philadelphia.

**Vick's Illustrated Catalogue and Floral Guide for 1870.** James Vick, Rochester, N. Y.

**Prang's Chromo, a Journal of Popular Art.**

**The Woman's Journal. Vol. I, No. I.** Boston.

# BUFFALO Medical and Surgical Journal.

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VOL. IX.

FEBRUARY, 1870.

No. 7.

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## Original Communications.

ART. I.—*Inaugural Address delivered by* PROF. JAMES P. WHITE,  
*at the opening Session of the State Medical Society, in Albany,*  
*Feb. 1, 1870.*

(Reported for the Buffalo Medical and Surgical Journal.)

GENTLEMEN :—

Permit me to congratulate you upon being again assembled, and with increased numbers, for renewed social intercourse, and for the discussion of scientific subjects which concern the medical profession. In taking the chair, which has been occupied by so many distinguished predecessors, I should do injustice to my own feelings, did I not, in the first place, thank you most sincerely, for having by your suffrages elevated me to this high position. Whilst assuring you that, whatever a grateful heart, and an ardent zeal can accomplish in promoting the objects for which this venerable society is assembled, it is but truth to admit that the uninterrupted pursuit of professional duties, has not furnished the parliamentary training necessary for the prompt discharge of the duties devolving upon your presiding officer. I must therefore bespeak your considerate forbearance, and express the hope, that by your counsel and indulgence we shall be able to bring our labors to a satisfactory conclusion, though strict rules of order may sometimes be unconsciously violated.

VOL. 9 No. 7—1.

According to a by-law of this society, the president is required at the opening of the session, briefly to present the condition of the medical profession in the State; and to make such suggestions as may seem proper or necessary touching the interests of medicine, and its relations to the public.

The Medical Schools of the State, may now be said to be in a highly satisfactory condition. They are yearly increasing their requirements for graduation—though the standard is undoubtedly still too low—demanding constant effort on the part of all men of progress, to carry it still higher.

The different institutions are yearly enlarging their facilities for instruction, and in a laudable competition for increased classes, are affording opportunities in both didactic, and clinical teaching, which the student will scarcely find surpassed in any part of Europe.

There is however one step in a forward direction, which should now be taken, and which it seems to me this society can promote by its influence, and endorsement.

I allude to the teaching of Psychological Medicine, as a part of the curriculum of the college course. Is it less important that the diseases of the mind, always involving the brain and nervous system, with their sympathetic connexions, and influences, should be properly taught and illustrated with cases, than any of those maladies, now deemed essential to be clinically taught, in every institution? The attention of the profession is beginning to receive this direction—some steps have already been taken toward its accomplishment, and I believe the medical mind is thoroughly ripe for action, if commended by this society in suitable and proper terms.

Permit me therefore to suggest the appointment of a select committee, to take this matter duly into consideration, and recommend to the society, what action, if any, it should take in its furtherance.

To the Medical Journals have been added, during the last year, "Archives of Ophthalmology and Otology," and "The American Journal of Syphilography, and Dermatology."

Those publications, to which attention was very properly called by my predecessor, continue without change, to furnish, in a highly creditable manner, all the novelties of interest, and I believe it may be added, that judging from the increased support which they re-

ceive, the profession is becoming more and more appreciative of their usefulness and value to the practitioner.

At the last meeting of the American Medical Association at New Orleans, in May last, a committee was appointed, with instructions to reprint, through the Committee of Publication—the Latin and English portions of the “Provisional Nomenclature of the Royal College of Physicians of London,” and to distribute it under the designation of the “Proposed Nomenclature.” This Committee was desired to report at the next meeting, what alterations, if any, are necessary to adapt the proposed nomenclature to general use in the United States.

It is hoped, and expected, that such a report will be reached as will be adopted by the entire medical profession of the United States, as well as by the medical departments of the Army and Navy, general hospitals, boards of health, and the census bureau. The importance of such a uniform system can scarcely be overestimated, and need not be dwelt upon here.

To the end that such nomenclature if adopted in May next, by the representatives of the profession from all the States, may be made available in taking the next census in this State, thereby greatly increasing the value of its statistics, I would suggest that a Committee be appointed by this Society, with power, if such nomenclature be approved by them, to publish it immediately and distribute it throughout the State, through the agency of the County Societies.

In this way, we shall anticipate, by more than a year and a half, the time when it would be received if delayed for the published transactions of the next annual meeting of this Society. In this way only can it be made useful in making the census reports of 1870.

Your Committee might also be instructed to act for this Society, in compliance with the request of the Committee in behalf of the American Medical Association, in making such suggestions as would promote perfection in the arrangement and details of the nomenclature.

It will be proper also for this Society, upon the recommendation of the Committee on Pharmacology, to appoint three delegates to represent its interests at the meeting of the National Medical Convention, for the revision of the United States Pharmacopœia, to be held in Washington, on the first Wednesday of May next.

I would also suggest that a more catholic influence might be exerted upon the profession of this country, at the same time giving opportunity for free interchange of views and opinions, by increasing the number of delegates sent by this Society, to the meetings of kindred societies in neighboring States. In this connection, I may mention, that with several other members of this Society, I accepted an invitation to attend the semi-annual meeting of the Medical Society of the State of Pennsylvania, held in Erie during the month of June last. I should do injustice to my own feelings did I not gratefully acknowledge the kindness and hospitality extended to us by the vigorous and useful sister society of that great State.

There is a crying evil which I wish it were practicable for this Society to lessen—most severely felt in all the small towns, and rural districts in the State, by junior members of the profession.

Allusion is here made to the low rate of compensation for medical services. In addition to a large modicum of gratuitous labor, every where given to the poor, and the clergy, the physician finds himself working very hard, night and day, with scarcely sufficient revenue to respectably support and educate his family. Obligated to economize in every direction, the ambitious young man is compelled to forego the purchase of such books, and instruments, as are requisite to his professional advancement. It often occurs in a very extensive consultation practice, in the counties in the Western portion of the State, that I find the livery-man charging as much for an ordinary conveyance to the house of the patient, as the medical attendant receives for his services, traveling over the same route in his own conveyance.

This lamentable condition has arisen frequently from the fact, that the old practitioner or pioneer in the profession, having become forehanded, still lives to compete in the race, and deriving his support chiefly from his farm, continues to charge the prices which he established half a century since.

Whether this Society can do anything to remedy or mitigate the embarrassment of many a high-spirited but illy requited laborer, remains for your deliberate consideration. Could all the county societies be induced to adopt and adhere to a reasonable tariff of charges, the correction of this grievance could be easily accomplished. This schedule of prices, sanctioned by the fellow-practi-

tioners of the county, could be referred to by the physician, instead of the habitual charges of his antiquated neighbor, in settling all questions of finance with his patients. The expense of living, the cost of library and apparatus, have greatly increased within a few years, and the fees for services have not advanced, certainly not in the same ratio. Many an aspiring practitioner who would be a useful member of this Society, and be profited by listening to its proceedings, is debarred the privilege of attendance by the inadequacy of his income. Can this Society point out a remedy for this unfortunate state of things with our brethren?

The present age is one remarkable, not only for the advancement of all departments of human knowledge, but for private liberality in promoting scientific investigations.

The generous presentation last year, of one hundred dollars to the Prize Committee of this Society, by Dr. Hiram Carliss, for the best essay on Tubercular Consumption, is evidence that this spirit of benevolence actuates our own noble profession, and that that enthusiasm which is the strength of all true science is not dimmed by age or years of professional toil. Others I trust may be led to imitate the examples of the Fathers in bestowing means for the promotion of medical science—stimulating the labors of the diligent student by the hope of reward, as well as the honor of success in his investigations.

During the last year death has deprived us of some of our most active and able members. On the 30th day of March last, Alexander H. Stevens departed this life at the ripe age of more than seventy-nine years. On the 18th day of April, Alden March followed his distinguished fellow-surgeon, at the age of seventy-four years. These great men, who had few equals and no superiors will be mourned by the whole profession. These distinguished men had, both been Presidents of the American Medical Association, had both occupied the highest positions in the gift of this Society, and had both been, for a long period, favorite teachers of operative surgery. But, gentlemen, assured that suitable action will be taken to record their illustrious deeds and commemorate their worth, and conscious of my inability to do justice to the subject, I will not attempt their eulogy.

Prof. James Hadley, an honorary member of this Society—for more than half a century a teacher of Chemistry—a man without guile,



from whose able lectures I received my first lessons in this department, died in July last at the advanced age of eighty-four years, leaving a large circle of pupils and friends to mourn his loss. Alexander Thompson, an ex-president of this Society, who was always punctual in his attendance upon its meetings and actively participated in its proceedings, and who leaves a vacancy which it will be difficult to supply, died in June last. The Society has also lost from its ranks since our last meeting, Minturn Post, who died April 26th, 1869, and Dr. Thomas Cook, the associate of Mott and Stevens, and perhaps others whose deaths have not been brought to my attention, all should receive suitable commemorative notice.

Although dissection is now legalized in this and most of the other states in the union, and its necessity and propriety no longer questioned, it is, nevertheless, a lamentable fact that provision for the supply of subjects is but inadequately made, often rendering it necessary to resort to improper means to make up the deficiency. By a law of the State, a convict dying in one of the State Prisons, whose body is not claimed by his friends in twenty-four hours, is to be given to the Medical Colleges for dissection. There are at this time several Penitentiaries in the state to which the same law might with equal propriety be made applicable. At the penitentiary in Buffalo which comes more especially under my own observation, there have been, as I am informed by Dr. Ring, the attending physician, about a dozen deaths during the past year. Nearly all of them persons without friends or relatives—prostitutes and criminals of various grades. Their burial, in nearly every case, is at the public charge. It would seem that science should have the benefit of the bodies for scientific purposes of those who have been supported during life by the public bounty and who have no kindred surviving to claim them. Would it not, therefore, be proper for this society, to petition the Legislature to make the present law in regard to those dying in State Prisons applicable and mandatory on the Superintendents of the Penitentiaries?

Again, bespeaking your indulgence for any short comings on the part of your presiding officer, without detaining you longer with suggestions, I beg to announce that the society is now organized and ready for business.

ART. II.—*Organic Poisoning: A case of Snake Bite with some observations on the same*, by O. F. POTTER, M. D., St. Louis, Mo., Prof. Mat. Med. and Medical Botany, St. Louis College of Pharmacy, and Corresponding Member of the Muskingum County Medical Society, Zanesville, Ohio.

Communicated to the Muskingum County Medical Society, and read at its session 6th January, 1870.

Also, a letter to Prof. POTTER on *Organized Poisons, their modus operandi, therapeutic and remedial management, from a physical basis of life*. By Z. C. McELROY, M. D., Zanesville, O., President Muskingum County Medical Society.

#### FELLOWS OF THE SOCIETY:

In compliance with a promise made to my kind friend, your worthy President, I take the liberty of laying the following case before you. I can only plead ill health, and pressing professional engagements as my apology for not having sooner given some return for the honor you have so kindly conferred in electing me a corresponding member of your society; which I take more as evidence of the good will of my friends, than from any merit of my own. While submitting the following case, I ask your indulgence; trusting at some future time to offer something more worthy your consideration.

During an excursion in the summer of 1862, to visit some friends up the country, I stopped on the road side, near a harvest field, to converse with the owner. Very soon one of the harvest hands came running up to where we were talking, and told us he had been bitten by a rattlesnake, on the inside of one of his forearms, near the middle, and knowing me to be a physician, appealed to me for help. One of the other hands soon came up with the snake, which proved to be a prairie rattlesnake, of large size. I had no medicines at hand, neither was there any at the house of the proprietor. But, nevertheless, something must be done. So, taking a pocket lancet, the arm was freely scarified at the points wounded by the serpent. The man was directed to suck the blood with his lips, and spit it out, which he did vigorously. A dressing of moistened clay was applied, and loosely confined by a handkerchief; as the arm, by this time had become somewhat painful, and commenced swelling. I

now proposed, as the next best thing I could do, to take the man in my buggy to the village, some eight or ten miles distant, to obtain means for further treatment. Before starting, however, he complained that a stupor was creeping over him. And now comes the point of interest in the case, and to which your attention is directed. Recollecting that in opium, and in other kinds of poisoning, that active exercise aided much in throwing off their effects, I proposed to him to run rapidly a short distance from us, and return. He did as I requested, returning in a profuse perspiration. Getting in the buggy we now started for the village. In a little time he complained again that the stupor was coming over him again. I had him get out and take hold of the back of the carriage, and run until he was very much exhausted, and sweating profusely. This was repeated as often as he complained of the stupor returning; so that when we reached the village, he had run more than half the way, and his clothing was completely saturated with sweat. In the village, I gave him the usual whiskey treatment, with ammonia; but was surprised to find that a small quantity, comparatively, of whisky, produced intoxication; while in previous cases I had seen that large quantities could be taken without producing such effect. To conclude, the case readily yielded to treatment, and in a very short time he made a good recovery, with few bad, and no alarming symptoms.

The points of the case can be summed up as follows:

- 1st. The patient was severely bitten by a rattlesnake;
- 2d. He suffered from, and was completely affected by the poison;
- 3d. He had no treatment but the drawing of the blood, and the the clay poultice, for some two or three hours, except the violent exercise; and,
- 4th. When the whisky was administered he, usually borne in large quantities, intoxication readily supervened, showing to my mind, an elimination of the virus; and,
- 5th. A rapid and favorable recovery.

I am convinced that from the rapid and violent circulation of the blood by the exercise, that the poison was prevented from accumulating, or concentrating in the vital parts of the brain, and was carried out of the system by the exciting organs, as the skin, kidneys, &c.; and by the rapidity of their elimination, prevented that

destruction, or deterioration of vital action, which would so speedily terminate life, and tended, in a great degree, to the final recovery of the patient, and the comparatively mild action of the poison in his system.

Since the above case was observed by me, I noticed in the *Bombay Medical Gazette*, 1867 or 1868, an account of a British officer in India, who was bitten by a venomous serpent, and who had to run some three miles to his station for treatment, and to the violent exercise in running, profuse perspiration which followed, it was supposed he owed his life, he having recovered with but few bad symptoms, from what is, in that country, usually considered a fatal poison. It is also stated that when the jugglers, or any of the natives of India are bitten by venomous snakes they dance violently, until they drop down from sheer exhaustion, and that those rarely die who carry out fairly this treatment.

In connection with this case, permit me to call your attention to the following extract from a communication from my esteemed friend, Dr. J. E. Nield, of Melbourne, Australia, dated 29th May, 1869 :

“ \* \* \* On the subject of snake bite, there have been some interesting experiments of late. Of them you have no doubt heard, but you have evidently not received those numbers of the journal containing an account of Professor Halford's experiments, on the subject of ammonia injection, (into the veins), in Snake poisoning. As he is about to read a paper before the Medical Society of this Colony, detailing the history of his investigations on this very interesting and important subject ; and as it will be published in the *Australian Medical Journal*, I shall have much pleasure in drawing your attention to it. Briefly stated, it consists in the direct introduction into the blood of liquor ammoniæ, as an efficient remedy in snake poisoning. The old fear of injury resulting from the access of air into the current of the circulation is demonstrated to be groundless.

Professor Halford and myself have been experimenting largely on dogs. We have injected, not only into the veins, but into the cavities of the head—the thoracic viscera having been exposed—and there has not only not been the least injury occasioned, but positive

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benefit, the heart's action being augmented after each injection. We are now engaged in testing the effect of this agent in poisoning by other nerve influencing agents, and so far, the results have been very remarkable."

"The communication from Professor Halford, including the several accounts of Messrs. A. Beckett, Arnold and Wooldridge, of the recent case of snake poisoning at Brighton, is the first which has been recorded in this Journal, corroborative of the conclusions to which Professor Halford was led, by his experiments on dogs, that the injection of Liquor Ammoniae into the veins, offers the most immediate and certain means of counteracting the effects of this toxic agent. Nothing could be more conclusive than the testimony of these three gentlemen, and if one case might establish the value of a remedy, there should be no hesitation in pronouncing the ammonia injection treatment as the specific in snake bite. Four other cases have occurred, three of them in this colony, the fourth in New South Wales, and each of them corroborate the belief that Professor Halford's discovery is one of great value.—*Australian Medical Journal*.

*To the Editor of the Australian Medical Journal.*

Sir:—I forward you some particulars of the case of Snake poisoning (the description of Snake being the *Hoplocephalus Superbus*, closely allied to the Tiger Snake), as I have obtained them through the kindness of Messrs. Arnold, A'Becket and Wooldridge, Surgeons in attendance.

Mr. Arnold writes thus: At about eleven o'clock, Monday morning, November 30th 1868, Mr. John Brown, Station Master at Elsternwick, was bitten on the third finger of the right hand. Two punctures were clearly visibly, from which the blood flowed. Symptoms: pain in the finger, wild appearance of countenance, stiffness of legs. Applied a ligature above the bite, employed suction to the wound, and took sixpenny worth of brandy. 1 P. M., felt drowsy, and unable to attend to his duties. As he did not feel alarmed, his friends had great difficulty in persuading him to take 1:17 train to town for advice. Feeling somewhat better at Balaclava, (four miles journey), he declined to proceed further. Whilst conversing with Mr. McPherson, the latter noticed his manner resembling that of a person laboring under the effects of drink

—speech affected, drowsiness. He was then brought almost against his will, to my residence, five minutes' walk; about half-way he complained of being very weak. On his arrival, he was completely prostrated, and shortly after paralysis of the lower extremities set in, with indistinct vision, sluggish dilated pupils, weak pulse, cold perspiration and vomiting. Treatment—excision of bitten part, firmer ligature. In a short time symptoms of coma commenced; when roused with difficulty, he had great trouble in recognizing his wife, or any particular friend, considerable swelling noticed about upper lip. Treatment: gave brandy, in all about six ounces, swallowed with great difficulty, Sal Volatile, half an ounce, in divided doses; Mustard poultices to the head and feet; Galvanism, which greatly roused the patient; the moment it was suspended the comatose symptoms returned; at the same time it was evident this artificial restorative would fail, coma becoming deeper and deeper. At 5:30 P. M., Mr. Wooldridge, and Professor Halford came to our assistance.

Mr. A. Becket writes: \* \* \* about this time we determined upon injecting Ammonia, as we considered the case to be desperate. An attempt to walk the patient about the room, so far from being attended with any good results, seemed to prostrate him utterly; complete paralysis of the lower extremities, having now succeeded to the nervous weakness and impaired sensation in the legs. The effect of the operation, (injection of Ammonia), performed by Professor Halford \* was wonderful, the patient reviving at once, consciousness returning, the pulse becoming full; the pupil acting readily to the stimulus of light, The relief of the symptoms was persistent and the patient, though experiencing extreme debility, has gradually advanced to convalescence. I will end the account of this highly interesting case by stating my belief that the injection of Ammonia saved the man's life.

*The modus operandi, therapeutic and remedial agencies of organised poisons.*

(Letter to Professor Potter.)

Zanesville, Ohio, Dec. 1869.

\* \* \* though our Medical Journals have, in part, anticipat-

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\* Ten minims Liquor Ammonia, twenty 'distilled' water into the radial vein, by Hypodermic Syringe.

ed so much of your paper as relates to Ammonia injection, as a remedy for Snake poisoning; yet as a whole it is interesting. It affords me an opportunity to present you some considerations regarding what is called poisoning, in general, and the mode of operation of organic poisons in particular, from their naked facts; and from a physical basis for the phenomena of organic life.

The foundation has certainly been reached in my division of the forces of organic life into two modes—and these are all the facts justify—viz: organizing, or laborer; and the architect or form giver. The forming, organizing, or laboring force, as common to all organic life; the same in the animal and vegetable realms of nature; and certainly a correlation, or correlations of the ordinary physical forms of nature, viz: light, heat, electricity, etc. The architect of organization, or form force,—that which, from the common physical basis of all life, to wit: albuminous fluids, constructs the various forms of life in the animal and vegetable Kingdoms. In animated nature, the wheaten loaf, certainly is the physical basis for the tissues of all. For of this, man and beast, bird and fish, reptile and insect, may partake, and it does, and will make tissues for all. This is true of the carnivora, as well herbivora. Not only so, but most, if not all, the flesh eating animals have the power to assimilate, or change to their forms, the forms or flesh of other animals. Thus, man changes the tissues of the ox to his forms, or the chicken or fish; and vice versa, chicken or fish can return the compliment, and change human flesh into chicken flesh, or forms. Every organic form, therefore represents the combined results of the laborer and architect, just as buildings, bridges, monuments, etc., in the organic world.

Whatever there is then, entitled to the appellation of vital, common to organic life, must be looked for in their forms; for the material is certainly ordinary inorganic matter, and the organization brought about by the ordinary physical forces. The form forces, too, by a little stretch of the imagination, may be said to be common to both organic and inorganic natures; for the definite forms of crystals in the organic world, must be due to a common form force; for nothing, in either organic or inorganic nature, occurs by chance or accident, but in obedience to invariable and inflexible law.

Now what is that we call an organic poison? and what does it

do? and how does it produce the phenomena called "symptoms of poisoning?" How does it produce swelling, paralysis, and death?

The phenomena of organized life, studied on their facts alone, and reduced to their ultimate elements consist simply of form and motion. Bone and brain matter have the same ultimate chemical composition, yet have the most opposite physical and physiological properties, but this difference can be reduced to form and motion in their particles. And what is true of bone and brain matter, is equally true of all other organic tissues.

The factors, then, in ascertaining what an organic poison is, what it does, and how it does it in the living body, are, 1st material; 2nd force; 3rd form; and lastly motion.

An organic poison, in its material, does not differ from the material of the body of the serpent, insect, or other living thing that elaborates it, but it has two other properties, which the tissues and other fluids of serpents do not possess; and the terms which will produce conceptions in the mind, corresponding with the facts, are form and motion. The poison of reptiles, etc., may, also, properly be described as organic germs, and germs having tremendous energy as a form force; and produce effects in the living body in a very different way from potential poisons of the inorganic world, as Prussic Acid, as will be shown hereafter. Reptiles and insects, insert their poison hypodermically; have, in fact, ever since the creation practiced hypodermic injection of their peculiar "Medicine" on their enemies. Since the introduction of the plan of hypodermic medication in our own times, it is now seen that all medical agents act with much greater rapidity in small quantities, than by mouth or rectum.

The phenomena succeeding the hypodermic insertion of the virus of serpents, occur so promptly, that but little time exists for their more careful scientific observation; and the use of remedies, whether well or ill chosen, soon obscures them. The powerful mental impressions have, also, to be taken into account in the human being. So that to get an understanding of their *modus operandi*, it is needful to observe the phenomena of other organic poisons, whose effects are more gradually developed, and can, therefore, be more carefully studied. This can be done in small pox and syphil-



lis; and for that matter, in all the so called exanthematous fevers. But take small pox as the example. What does the virus of small pox do in the human system? The simplest, truest and most direct reply is, changes forms. The pock marks are certainly due to changes of form in the skin. And it is not at all likely that these changes of form are confined to the skin, or cutaneous surfaces, seeing that the body, as a living mass of organic matter, is a unity; and whatever changes the forms of the visible parts, it may be safely concluded, modifies, also, the invisible, except, in the instances of mechanical injuries, the action of acids, or alkalies, or heat, or other direct tissue destroying agents. The changes of form, brought about by the small pox virus in the tissues, take place much more slowly than after the hypodermic insertion of the virus of serpents, and can, therefore, be studied more accurately; and because experience has shown that all attempts to arrest its progress are unavailing, it is called a fever, "a burning disease"—has a definite course to run, ending in death or recovery. The tissues of normal forms are decomposed with considerable rapidity. The temperature, as a consequence, ranges much higher than natural. Offensive gaseous odors are given off, as in other instances of the retrocession of complex organic compounds to similar chemical states. Large quantities of solid debris are thrown off from the cutaneous surfaces. The great majority of those who survive these phenomena, enjoy an immunity from a repetition of them through life; for the reason, as it appears to me, that the resulting forms are thereafter in harmony with, or conform to the forms of the form changer, or virus. These phenomena are again illustrated in the so called Scarlatina, where the form of the cutis is so changed as to destroy it, and probably with like changes of form throughout all the tissues. The severe sequelæ so frequently resulting from the so called "Exanthemata," can be understood by referring them to changes of form.

Syphilis, and the so called cutaneous diseases, produce their effects by changing forms. And as the power of remedial agents and measures to restore lost forms are just none at all, they have all along, through the centuries of the past, proved a sore puzzle to the practicing physician. Looking closely into the properties of the most popular remedial agents, they are found among those

whose effects are to "promote destructive metamorphosis," or these, combined with agents, to "promote constructive metamorphosis;" with an ample supply of food, rich in the material of tissue. In fact, cutaneous diseases, so called, treated, so as to destroy tissue of lost form and hasten the construction of tissue in its place of normal form, are much more frequently rewarded with successful results, than in any other way. The most successful and popular therapeutic agents for syphilis and cutaneous diseases, are Mercury, Iodine, Bromine, Salines and Caustics, all agents "promoting destructive metamorphosis" of tissue, whether of normal form, or abnormal type; but more particularly of tissue of foreign types or forms.

In your case of Snake bite, the scarifications and escape of blood by the suction of the lips, probably renewed a portion of the organic poison, virus, or form change, of the reptiles. The subsequent violent exercise "promoted destructive metamorphosis," the oxidation and expulsion of the form change; for all work implies waste of tissue. By the increased volume of oxygen introduced into the system at the lungs, in consequence of the exercise, the oxidation and expulsion of the form changing virus, which escaped renewal by the scarification and suction at the point of hypodermic insertion, was certainly hastened.

The success of the whiskey, or spirit treatment, in like cases, probably owes its efficiency to the mode in which spirits influence the organic process of construction and waste of the tissues, which is notably to retard both, thus retarding the process or work of the form change or virus, or it may be due to direct contact with alcohol in the capillaries and circulation; as alcohol enters and finds exit from the system, without undergoing any chemical change, i. e., enters it as alcohol and is expelled as alcohol. But in either way, or by both, time is given to oxidize and expel the intruder or render it harmless.

The changes in the tissues, giving rise to the phenomena of organic poisoning, from the hypodermic insertion of the virus of serpents etc., take place in the molecular structure of the tissues, and the rapidity of molecular metamorphosis, is strongly illustrated by the experiments of Mr. Waterhouse in photography. He calculated that it only required the one twenty seven thousandth part of a

second to fix the solar image on a photographic plate. But this illustration, striking as it is, sinks into comparative insignificance when contrasted with other experiments also, in photography, by Mr. Wheatstone, with the electric spark. On a cylinder he fixed a number of distinct and different pictures. A photograph, by the electric spark, or flash, was taken from this cylinder, while revolving many hundred times per minute, which proved to be, not a confused mingling of the different pictures, but a copy of one picture only. By the aid of a delicate chronoscope, he calculated the duration of the electric spark at not more than one millionth part of a second! And yet in that time, certainly difficult to conceive, if it is at all possible, an image from one of the many pictures on the rapidly revolving cylinder was distinctly impressed on the photographic plate!

It is only with such comparisons as this that the rapidity with which the normal molecular changes in the tissues take place, as well as the development of the phenomena of organic poisoning, after hypodermic insertion, can be comprehended. And the parallel is completely justified by the fact, that the forces in both cases are the same. That is, the forces engaged in the production of a photographic picture, and the phenomena of organic life, in health or disease, are one and the same. The difference in results being due to different modes, or correlations of force. Thus, the force of electricity may be seen at one place depositing, atom by atom, one metal on the surface of another, as in electro-plating; in another instance, it is engaged in transmitting intelligence across continents, and under seas, through thousands of miles of metallic conductors, as in the magnetic telegraph; or in a third, fusing the most refractory metals, as platinum, etc., in the chemical laboratory!

In a recent foreign journal\* an account appeared, to the effect, that a house servant of an English surgeon, resident at Inbulpoor, Central India, was bitten by a cobra. The surgeon on being informed of the accident, instantly ordered his carriage. The man's hands were tied to the gig, when he drove the horse steadily a distance of several miles, the man running behind. On arriving at Inbulpoor, the man's body was bathed in the most profuse perspiration, and he was almost exhausted. The further treatment con-

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\*London Lancet, 1868.

sisted in doses of Eau De Luce and gentle exercise. In a few hours he was out of all danger and recovered.

Dr. Hood, the reporter of the case, in discussing the *modus operandi* of the virus of serpents, states that Dr. Bence Jones refers the phenomena to the action of a "chemical agent, or poison, producing a mechanical disease." But this formula does not produce mental impression corresponding with the facts. But by referring the action of a virus to changing form, the mental impression produced, does correspond with the facts, for morbid anatomy and pathology teaches us, if it teaches us anything, that function depend in form. No organ or tissue would ever fail to perform its function if its normal molecular structure and forms were maintained. A very interesting demonstration of this is found in the case of Mr. Lawler reported by Prof. Bartholow, in the Cincinnati *Lancet and Observer*, for December, last.

But the Indian servant recovered from the effects of the Cobra's form changing virus, and his recovery was one most likely not due to the Eau De Lac, but to his violent muscular exercise, which introduced oxygen in a much larger volume than in a state of repose; if every act of life is at the expense of the tissues; and the presence of oxygen is necessary to involve the dynamics of organic life. Amidst the greatly increased molecular changes, in consequence of the molecular exercise, the form changing virus was exercised or expelled, or probably both, giving it no time to change forms to such an extent as to destroy the servant's life. In a recent number of an excellent western journal,\* a case of Prairie Rattle Snake bite is reported as having been successfully treated by Opium!

Opium is apparently the very opposite of exercise, but on a closer scrutiny it will be seen that its *modus operandi* must in the end be quite similar to that of spirits, viz: staying the velocity of the processes of construction and waste—constructive and destructive metamorphosis—which stayed the work of the form changing virus, with the result of its oxidation and expulsion, without doing much damage. Then comes your Austrian correspondent, with his injections of Ammonia into the venous system, and even into the heart's centres, with rapid and certain relief! Ammonia is a volatile gas-

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\*Medical Archives, St. Louis, September, 1869.

eous alkali, diffusing itself with great rapidity ; and must influence organic structures in a manner analogous to the fixed alkalies, which are agents promoting the waste of tissue. Thus, salt, (soda and chlorine gas,) used in provisions, in excess, for a length of time, is followed by a scorbutus, useless counteracting agencies are simultaneously made use of, which is beyond all cavil increased waste of tissue. Potassa acts in the same genial way, only less violently, as soda, that is, increases the waste of tissue. The Ammonia, projected directly into the blood stream, would at once retard repair, and greatly accelerate waste, the very conditions brought about by violent muscular exercise ; and then meeting the form changing virus in the blood, would probably influence it chemically, so as to materially alter its form changing properties.

In the John Brown case it is stated, consciousness returned at once, after the introduction of Ammonia into the blood stream ; the pulse became fuller, pupil responded to light etc. What are these, if they are not dynamics of organic life ? And as the dynamics, or forces of organic life are evolved by the oxidation of tissue, or if it is preferred, call it waste of tissue, the Ammonia must certainly have played some part in "promoting destructive metamorphosis," and the resulting organic dynamics of consciousness etc. All these things, designated as poisons, whether organic or inorganic, must act in one of the following ways, viz :

1st. Arresting destructive metamorphosis ; as by cyanide of potassium, chloroform, prussic acid, etc.

2nd. Promoting destructive metamorphosis ; as by strychnia, mercury, etc.

3rd. Diminishing the velocity, or rapidity of tissue metamorphosis ; as by alcohol, opium, etc.

4th. Changing forms ; as by the virus of serpents, insects, etc., small pox, syphilis, measles, scarlatina, cutaneous diseases, etc.

5th. Immediate destruction of tissue forms ; as by acids, alkalies, heat, and caustics.

In investigating the phenomena of organic life, whether in health or disease, it must always be remembered that "for every dynamic result, there must be change of matter." Not only does this law hold good, or intact, in all organic nature, but it is as constant and inexorable in the inorganic world as the law of gravity itself. There

is absolutely no exception. The law is as complete, in all respects, as the law of gravity. Has a patient pain? Then the changes of matter are too rapid and out of normal mode. Is he stupid, or sleepy, or comatose? The changes of matter are not proceeding rapidly enough, or in normal mode; or the results of past tissue metamorphosis have not found exit from the body, one or the other, or all three. And these results of the changes of matter swallow up pretty much all the symptomatology of medical literature.

These conceptions of the mode of operation of organic, as well as inorganic poisons—but particularly of the virus of reptiles, insects, etc., and the *modus operandi* of therapeutic, and remedial agents, and measures for counteracting their effects, in living beings, certainly represent the facts—more difficult to the mind, than they are explained in medical literature elsewhere; even if the molecular changes of metamorphosis, in detail are correctly traced or not. The beginning and end are certainly correctly represented, as well as the visible phenomena between. They have, therefore this value, that the mental impression to which they give rise, correspond with the facts.

Z. C. McELROY.

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## Miscellaneous.

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### Surgeons Against Juries and Shysters.

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The recent prosecution of Dr. A. D. Hall, by a patient, on charge of malpractice causing the loss of an eye, for the purpose of recovering damages, is an illustration of the liability of surgeons of hospitals to suffer outrageous imposition while scientifically and humanely performing their duty. The case and its issue will certainly impress surgeons with the danger to which they are daily exposed from vicious patients when led on by their cupidity or that of their friends or attorneys.

The plaintiff in this case, a young woman, applied to the Wills Ophthalmic Hospital, nearly two years ago, and was registered on the books as suffering with staphyloma of the cornea. The object of the operation, the removal of the anterior part of the eyeball, performed at her request, in the presence of a consultation of the surgeons, was to get rid of disfigurement and to enable her to wear an artificial eye.

The performance of the operation was also influenced by the existence of sympathetic irritation in the other eye.

The evidence of all with whom she came in contact in the Hospital proved that she fully comprehended the benefits to be gained by the operation, that she was well satisfied with the treatment she received, that she made inquiries in regard to the cost of an artificial eye, and that she continued to return as an out-patient after her discharge. These facts were verified by abundant evidence of attending surgeons, resident surgeon, nurses, and the records of the institution. Evidence might also have been produced that the woman was known to have been blind in the eye operated on for several years.

Instead of being thankful for the great benefit secured by the partial removal of the sightless and unsightly eye, she is brought into a court room with the collapsed orbit to pitifully appeal, through the oratory of an ingenious attorney, for damages for the apparent loss!

The plaintiff's case rested upon the evidence of some very illiterate persons, that she was not entirely blind in the eye. It was admitted that the eye had been for three years partially covered by a "speck" or a "scum." The woman also admitted in the court room that she had never tested whether the eye was entirely blind, by closing the other eye. An "expert" was called forth who stated that he had practiced medicine "excepting when in the oil business," but was compelled to acknowledge, when questioned, that he knew nothing of the surgery of the eye, and he was at once dismissed by the judge.

The claim was for ten thousand dollars.

The defence was abundantly sustained by the evidence alluded to and also by prominent surgeons, called in as experts, including Doctors Gross, Pancoast, Lewis and Morton.

The jury rendered a verdict for the plaintiff for *eight hundred dollars*. We are gratified to know that this unjust verdict was instantly set aside by Judge Stroud, as against the evidence.

The absurdity of the verdict, as to the amount of damages awarded, is evident. Dr. Hall either did or did not culpably destroy vision in the eye. If he really had done what she attempted to prove, the amount asked for was not too much, and the smallness of the sum awarded makes it apparent that the jury could not have considered him answerable for the loss of the eye.

Medical practitioners have repeatedly suffered from the ignorance and mistaken sympathy of a "jury of their peers," but it is gratifying in this case, as it has been in some other instances, that the intelligence of an upright judge has reversed the wrongful verdict.

Two other suits for malpractice, against most worthy members of the profession, are soon to be tried in this city and it is to be hoped that they may not be presented before juries made up of men who can see in a deformed limb, rescued from entire loss, or in a vacant orbit which has saved another eye from blindness, only

blundering or thirst for blood, on the part of the humane and scientific practioner.—*Philadelphia Reporter*.

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### Criticism on "Two Cases of Double Spontaneous Dislocation of the Lens."

These cases are reported by Dr. H. W. Williams, of Boston, in the number of this Journal, for January 6, 1870. I think the treatment in the first case and the diagnosis in the second are open to criticism.

A man, æt. 35, noticed a quivering of the irides when 18 years old. Eighteen months ago the lens of the right eye was dislocated into the anterior chamber, which accident has repeatedly occurred since, "not generally accompanied with pain." When he applied, the lens had been four days in the anterior chamber, "giving him a dull pain in the globe, and causing very slight injection." Dr. Williams reports the vision of the other eye to be one-third, using concave six; and for reading, "good." We are not told whether the patient was myopic before the quivering of the irides was noticed; i. e. whether the myopia was connected with relaxation or partial rupture of the suspensory ligament of the lens.

Whether the dislocated lens was in its capsule or not is not reported—merely that "it looked like a drop of oil." The lens was got back behind the iris by rubbing the cornea with the lid whilst the patient was on his back in a dark room. "Three large doses of extract of calabar bean were put into the right eye, producing an evident but slight diminution in the size of the pupil." This did not prevent the lens from tumbling forward again "upon making slight movement." "It is not unlikely that some accommodative effort of the eye may have had an agency in the displacement." How this is possible Dr. Williams does not undertake to say. But if it were, why, then, was the patient "dismissed with directions to put a square of calabar gelatine into the eye every hour, *which would cause constant accomodative effort?*" Three large doses had not in an hour shut the pupil enough to hold the lens behind the iris. When there, the lens was not in proper position, it must be noticed, but slipping about; therefore, if "a permanent barrier to the escape of the lens into the antier chamber" *had been* brought about by the calabar bean, the patients vision would not have been good. Moreover, the extract of calabar bean cannot be continuously applied to the eye even as atropine can. Therefore I hold that the advice to continue its use was not good. As it proved, by "the next day the lens had been several times displaced."

Nothing is said in this report as to the present or future necessity of removing the dislocated lens, or as to the patient's being advised in reference to this point. If this was done, I of course have no further comment; but if not, then I hold it was not good surgery to dismiss the patient without operating or advising it. The whole



weight of evidence is in favor of always removing a dislocated lens, especially when it cannot be kept behind the iris. Experience shows it is a "foreign body," likely to produce any trouble, from "a dull pain in the globe with slight injection," as in Dr. Williams's case, within four days, up to ulceration and perforation of the cornea, as was seen by Prof. Graefe; that being the best way nature can extract it. In vol. lxxiv., p. 73, of this Journal, Dr. Williams reports extracting a dislocated lens which was opaque. If this one was left because transparent. I simply say I cannot regard it as good surgery. The ophthalmic journals and text books are full of reports of partial or total displacement of the lens, and experience has fully demonstrated that the sooner a dislocated lens is removed the better for the patient. I forbear tedious quotations from Graefe, the London observers and others.

In the second case, "a boy of about 12, both of whose eyes exhibited partial lateral displacement and slight opacity of the crystalline;" I hold the diagnosis should have been, not "spontaneous dislocation," but *congenital malposition*, as has been often observed. Dr. Williams does not state the amount of the displacement, *i. e.*, whether light entered the eye at one side of the lens, and the mental imbecility of the patient prevented his ascertaining his vision.

B. JOY JEFFRIES.

15 Chestnut Street—*Boston Medical Journal*.

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## Chloroform and Sir James Y. Simpson.

BY JACOB BIGELOW, M. D., OF BOSTON.

In a recent copy which has reached us of the *Edinburgh Daily Review*, is contained an account of a meeting of the Town Council of Edinburgh, at which the freedom of the city was presented in a crimson velvet box, emblazoned with the city arms, to Sir James Y. Simpson, Bart., M. D., etc. etc. The account is accompanied with the speech of the Lord Provost and the reply of the eminent physician to whom this signal honor was tendered. In the address the Lord Provost says, "I will not dwell on what you have accomplished in medical science. I will only allude to your discovery—the greatest of all discoveries in modern times—the application of chloroform to the assuagement of human suffering."

No one will probably object to the proceeding of the municipal authorities of Edinburgh in conferring high honor on one of its citizens who has assisted in introducing into that city the results of an important discovery, and whose professional celebrity, like that of many predecessors, has attracted to his place of residence an influx of strangers, thereby greatly benefiting "the hotel keepers, merchants and others of the city," not including the various manufactories of chloroform in Great Britain, one of which, "located in Edinburgh, makes as many as 8000 doses a day." But many persons will think it a mistake in the adopter of a foreign discovery to

ignore the source from which he derived it. Sir James Simpson, in a long and eloquent reply to the Lord Provost, while he complacently accepts the crown of borrowed plumes thus tendered to him, makes not the slightest allusion to the country from which they were plucked, in which country anæsthetic inhalation, with more agents than one, was established, vindicated and successfully practiced long before it was heard of in Edinburgh or any part of Europe.

It is not wonderful that in the designs of Providence medicinal agents should exist, capable of averting pain by the suspension of sensibility. But the wonder is that after mankind had borne pain ever since the creation of their race, any person should be found of sufficient courage and strength of conviction to put through the untried and formidable experiments necessary to decide whether life could continue, under the inhalation of a scarce respirable vapor, carried to such an extent as to destroy sensibility and produce apparent death. That man was not Sir James Y. Simpson.

The history of anæsthetic inhalation is well known. It began in this country, and was first used in the extraction of teeth, and afterwards in capital operations in the Mass. General Hospital, and in obstetrical practice. The attention of the civilized world was immediately drawn to the great American discovery. Every known varieties of ethers and of compounds containing the elements of ethers together with volatile substances, gases and vapors, were at once submitted to the test of experiment. It is possible that better agents than those now in use will hereafter be discovered, but for the last twenty years the anæsthetic practice seems to have settled mainly on two agents, viz., sulphuric ether, with which the discovery was made, and which has thus far shown itself to be the most safe and manageable, and chloroform, which is more portable and agreeable in its odor, but which experience has shown to be more frequently attended with danger in its use.—*Boston Med. Journal*.

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## Edinburgh's Part in the History of Anæsthesia. An Answer to Dr. Bigelow, of Bcston.

BY SIR JAMES Y. SIMPSON, EDINBURGH.

Edinburgh, January 3d, 1850.

DEAR SIR:—There has been sent to me from America, a Chicago newspaper, containing a letter of yours, which is alleged to have been published in a late number of the Boston "Medical and Surgical Journal." In this letter you speak of the bestowal upon me, some months ago, by my fellow-townsmen, of the rank of an Honorary Burgess of Edinburgh, and comment in terms of bitterness upon the subject, and upon what I said, or rather upon what I did not say, on that occasion.

I feel assured that if you or any one else had felt as nervous and timid as I did on rising to address the public meeting which witnessed the presentation, you would not be astonished at anything I did allude to, or did not allude to ; or that I failed in adverting to numerous matters to which I might have adverted.

The gravamen of your charge is this:—

In his extempore address to me, on the occasion in question, the Lord Provost thought fit to allude to some of my professional investigations, and especially to those bearing on Anæsthetics, Acupressure, and Hospitalism. He spoke of the application of *chloroform* to the assuagement of human suffering, as among the “greatest of medical discoveries in modern times.” In replying, on the spur of the moment, to these remarks, I stated simply in a sentence the amount to which chloroform was now used for anæsthetic purposes, by adverting to the great extent to which it was manufactured by one single firm at the present day. I might, if there had been time, have added evidence of the extent to which it has superseded all previous anæsthetics, by stating the amount of its manufacture by other firms here and elsewhere. But I had many other subjects to advert to besides chloroform, and only a few short minutes within which it was expected to include them all. According, however, to your views, I am very deeply blameable for not taking up a subject which the Lord Provost did not allude to, namely, the history of anæsthesia. You hold that I should have entered, to a greater or less extent, into some historical notice of anæsthetic agents. The history of them has always taken me a full hour in my University Lectures, and in these lectures I have year after year heartily paid every due compliment to the most important part borne in the consummation of the practical application of anæsthetics, by America, particularly by the cities of Hartford and Boston, and especially by the energy and genius of Dr. Morton. Surely, however, it would have been sadly out of place on such an occasion, and with such an audience, to have shown that before I discovered the application of chloroform to anæsthetic purposes, numerous other agents had been previously suggested and used for the same object,—as sulphuric ether by Drs. Jackson, Morton and Marcy ; as carbonic acid by Dr. Hickman, in imitation of the experiments performed for ages on the poor dogs at the Grotto del Carro ; and as nitrous oxide,—an agent extensively employed as a dentists’ anæsthetic at the present hour, and which was first proposed some seventy years ago, for “destroying physical pains” during “surgical operations,” by Sir Humphrey Davy ; or should I, in your opinion, have even gone still farther back in therapeutic history, and described what, doubtless, as a former lecturer you are well acquainted with, namely, the other soporific vapors and measures employed by different olden surgeons, in Greek, Rome and Mediæval times, with the view of rendering their operations painless to the patient ? In that way I might have easily shown that the idea of making a patient anæsthetic, before subjecting his body

to the knife or cautery, was a kind of knowledge familiar even to non-professional writers of mediæval and of later times, and that some theological authors, like Origen for example, in the third century, allude to the artificial production of anæsthesia in surgery, as a well-known practice; while in reference to Scotland, I might have cited Abbott Bower, who lived and wrote about the year 1400, within ten miles of Edinburgh, as telling us by what means anaesthetic surgery was accustomed to be effected in those days, and what they gave to patients. "*Secandi ut possent sine dolore secari*," or I might have adduced the Monk Joceline, as alluding with circumstantial details to an alleged instance of it, in the Hagiology of Scotland, as early as the sixth century,—all this and much more might have been mentioned; but all this would have been in my opinion, though not apparently in your opinion, totally misplaced, and grievously out of order, as much as a disquisition on the previous means of arresting surgical hemorrhage in wounds by ligature, torsion, etc., would have been when I adverted for a moment to the subject of acupressure.

In the way of a climax, you terminate one of the paragraphs in your letter with the statement that I was not the "first man" to inhale a vapor to such an extent as to destroy sensibility. Most certainly I was not; and certainly I never was so intensely foolish as to claim to be so. In the course of my investigations I have, however, experimented upon myself with various vapors, the innocuous or the poisonous effects of which upon the economy were previously altogether unknown and unascertained, and I have sometimes suffered in consequence. As a Professor of Therapeutics, you must surely be well aware that the first experiment of breathing a vapor to such an extent as to destroy sensibility was made neither in America nor in our own days. Without adverting to the acknowledged fact that it was accomplished with the vapors driven off from hypnotic vegetable extracts, by the older surgeons, from Hugo de Lucca and Theodoric downwards, let me remind you that Sir Humphrey Davy boldly (and notwithstanding that he had witnessed occasional deaths in animals from it) made the experiment to which you advert, many times upon himself, in the last year of the last century, with nitrous oxide, and found that headache and other pains disappeared under its influence.

About forty years ago, Faraday in this country, and Godman in America, showed, as the result of their observation and experience, that the effects of the inhalation of the vapor of sulphuric ether were quite similar on the nervous system to those produced by the inhalation of the vapor of nitrous oxide gas,—a truth subsequently proved by many pupils in many chemical and other schools, in your country as well as in mine, by their inhalation of ether. Your remarks, as far as I understand them, imply that it is your belief that Dr. Morton was "the first man" of "sufficient courage" to breathe "a vapor" so as to produce a state of anæsthesia. But you must know as well as I do, from the official documents laid before

the Senate of the United States, that this is doubtful as regards the course of matters even in America. For it appears in these documents, (1.) That Dr. Jackson avers that he breathed for this object sulphuric ether earlier than Dr. Morton; (2.) That before Dr. Morton made the same experiment upon himself, in 1846, he made it first upon others, and particularly upon his pupil, Mr. Spiers; and (3.) That two years previously (or in 1844), Dr. Marcy, of Hartford, had successfully excised a tumor from a man who had been rendered anæsthetic for the purpose by the vapor of sulphuric ether, whilst at the same early date, in the same city, Dr. Horace Wells had extracted teeth from a dozen or more patients rendered insensible by inhaling nitrous oxide according to Davy's suggestion.

There has lately been raised, I am told, in the city of Boston, a monument in commemoration of the employment of anæsthesia in surgery in that city in 1846. But have the erectors of this monument cut upon it the names of either of your fellow-citizens, Dr. Morton or Dr. Jackson, as the first investigators, or the names of Warren and Hayward, as the first Boston hospital surgeons who operated upon patients under the influence of sulphuric ether? or have they generously inscribed upon its sides any allusion to the fact that two years previously anæsthetics had been inhaled successfully in dentistry and surgery in the neighboring city of Hartford? I have been assured, though it is scarcely credible, that there does not appear upon the monument the name of a single American chemist, dentist, or surgeon. Why is it so? You have the monument. Have you not had the men?

You commence the concluding paragraph of your letter by averring that anæsthetic inhalation "began" (to use your own words) "in this country" (America), "and was first used in the extraction of teeth, and afterwards in capital operations in the Mass. General Hospital, and in obstetrical practice." Your words so far affirm that anaesthetic inhalation, besides being first employed in America in dentistry and surgery, was in your country also "first used" in "obstetrical practice." You must excuse my saying that this last assertion is unaccountably incorrect. The use of anaesthetic inhalation in obstetrical practice was begun and extensively followed out in Edinburgh, weeks or even months before it was tried in Boston, or America. The first case of midwifery in which sulphuric ether was adopted as an anaesthetic occurred here under my care on the 19th January, 1847. On the 1st March, 1847, was published by me, in the "Edinburgh Medical Journal," an essay on the subject, containing a series of obstetrical cases, and a longish discussion of the question of the applicability of anæsthetics to midwifery. It was not, however, according to the published evidence of your townsman, Dr. Channing, till April 7th, that the first case of the employment of anæsthetics in midwifery occurred in America, and the second did not take place till 5th May. (See Dr. Channing's "Treatise on Etherization in Childbirth," p. 26.) But before the date of these two cases the practice had been fully estab-

lished in Edinburgh and elsewhere. Perhaps you and I, as parties implicated, are not adequate judges as to whether your statement on this point is candid and creditable, or utterly the reverse; but I willingly leave the decision of this to the feelings and verdict of an honorable profession. You think that I am greatly blameable because, in the way of omission, I did not advert to the previous application of sulphuric ether in America as an anæsthetic, when the employment of chloroform was referred to. I think, on the contrary, that you are infinitely more blameable than I am, because, without the slightest reason or ground, and in the way, not of omission, but of deliberate commission, you have, in this letter of yours, attempted to appropriate for your city and country, what indubitably belongs to my city and country, namely, the credit of the first introduction and establishment of anæsthetic inhalation in obstetrical practice.

I have the honor to be,  
Yours truly,

J. Y. SIMPSON.

To Dr. JACOB BIGELOW, Boston.

*Gynæcological Journal.*

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### Softening of the Brain after Coal-gas Poisoning.

Th. Simon, of Hamburg, points out the occurrence of cerebral hæmorrhage and softening, after inhalation of the mixed gases arising from the combustion of coal. Between the date of poisoning and the appearance of cerebral symptoms a considerable interval may apparently elapse. In one case, cited from Oppolzer, the patient spat blood for one day after the accident, then appeared well and able to work for eight days, and finally returned to the hospital with headache and great disturbance of speech, from which he did not recover for several months. In Case II., the patient suffered from giddiness, lasting three or four days, and headache, which, though continuous, did not prevent him from resuming work when the giddiness had passed off. The pain became localized in the left parietal region. In one month he was struck with apoplexy, and died on the same day. The middle of the left cerebral hemisphere, the corpus striatum, and thalamus opticus, were found softened to an atheromatous condition. In Case III., the poisoning was voluntary; the man had shown previous symptoms of aberration. He was recovering his speech and control over his limbs when, after the lapse of several days, somnolence and paralysis suddenly set in, and increased until his death. A large portion of the left hemisphere was found softened and slightly yellow. In Case IV., a woman was poisoned by gas from an iron stove, and recovered with difficulty. She was tolerably well for ten days, and then, after symptoms of mental derangement lasting eight days, was brought

to hospital, with general paralysis and spasms. Death on the third day. Softening of both corpora striata. In Case II., III., IV., athetosis of the cerebral arteries was not observed.

Ackerman has demonstrated by experiment that poisoning by carbonic oxide and illuminating gas is accompanied with intense hyperaemia of the brain. Letheby found almost constantly, in birds, a haemorrhage into the brain. The author has examined, *post mortem*, sixty cases of coal-gas poisoning; in forty-eight of these the brain and its membranes were hyperaemic; in fourteen, excessively so. In rare instances, great anaemia is found.

In explaining the processes that have been observed in the cases quoted, it may be assumed that the first stage of red softening commences during the actual asphyxia, or the so-called "reactive inflammation" may occur subsequently in the parts surrounding a small focus of softening; or the headache may be looked upon as a symptom of disturbed nutrition, caused by the carbonic oxide, and leading to softening; or the process may depend on fatty degeneration in the arteries of the brain, such as is known to accompany carbonic oxide poisoning in many other organs.

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### Cutaneous Eruptions due to Bromide of Potassium.

M. Vossin has observed in 96 cases of epilepsy treated with bromide of potassium, five different kinds of cutaneous eruption, which he imputes to the action of the drug, viz., (1) *Acne*, which is the most common, is preceded by itching; mostly affects the face and chest; occurs most frequently in full-blooded persons; and is unaffected by the season. The use of diuretics, together with a lotion of flax-seed tea, was found to keep the eruption in abeyance, without the need of suspending the bromide. (2) A *peculiar eruption* which occurred in six cases, and consisted of little tumors formed by groups of very indolent acne-like pustules, generally seated on the legs; inflamed at the base, and depressed at the centre; painful to the touch (except at the centre); tardily discharging a matter like that of furuncles; healing slowly, and leaving cicatrices which, when seated over a bone, are painful on pressure. They occur oftenest in the winter, and are accompanied by acne over the body. Early incision was of no benefit; but rest, and the application of poultices and opiated cerate, are recommended. (3) A variety of *urticaria*, occurring in two instances, and somewhat resembling erythema nodosum. It occurred only after long continuance of the bromide in large doses. (4) *Furuncles*. (5) A very moist *eczema* of the legs, with pityriasis of the scalp.—*Gazette des Hôpitaux*, 1868.

## Editorial Department.

### Professional Success.

As we are about to graduate from our various Colleges a large number of young men, all eager for success; and as the medical public is made up largely of young men, many of whom are often inquiring anxiously for the "philosophers stone"—the true secret of professional success—we have thought how opportune would be the announcement that it has been truly discovered. Age is not necessary to success. Many of our distinguished men, those who have most signally met professional prosperity are yet young in years. Friends and family influences are not important in attaining to fortunes or professional fame, the event of success, does not consist in outside and accidental circumstances, but is really the natural fruit of that inner motive which guides the conduct and controls the action. In what direction shall the physician seek his objects of ambition with any hope of gaining them? Does it matter in what town or city? Is there any place in the civilized world where they may not be found? Can he extract true professional fame from political, social or church influences, or can it be drawn from any other but its true source?

I assure young physicians, that it is within easy reach of all, and that you have only to reach for it in the right direction and it is yours. "If you make yourselves what you would have others regard you," the object you are seeking is gained, and it can never be reached in any other way.

We have watched the ways of the profession for nearly a quarter of a century, and we have never known any single instance where a physician attained to any high standing in the profession or community by watching jealously the growth of others, forgetting how much more important for them to preserve and increase their own reputation, than to detract from that of others. Indeed, by aiding and strengthening their associates, men grow stronger and more vigorous themselves, while by casting little hindrances in their way, they grow smaller and smaller themselves, and are finally lost in nothingness. Again, we have never known any one attain to any of the higher degrees of professional excellence, or receive any of the better rewards of professional worth, who based their claims and expectations upon anything but professional merit. If we are to be honored and respected as men, we must be upright and honorable. If we would receive the confidence and support of individuals and communities, but one avenue is open for its attainment. We are measured fairly at last, and at our true value.

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### Commencement in the Buffalo Medical College—Names of the Graduating Class.

The commencement exercises of the Buffalo Medical College were held February 22d, and were listened to by a large number of the friends of the Graduates and of the institution.



The address to the Graduating Class by Rev. WALTER CLARK, D. D., was the chief feature of the occasion, and was listened to with much pleasure, not only by the profession, but by the entire audience. A vote of thanks was offered for the "interesting and instructive address, and a copy asked for publication."—This request having been granted, the public press seized it as a prize, and have used it so freely that we have little need to re-publish it for the benefit of our readers. It was able, scholarly, suggestive, and appropriate, doing honor both to the author and the occasion, and richly deserving the compliments it received.

By recommendation of the Faculty and Curators, the Council conferred the Degree of *Doctor in Medicine* upon the following gentlemen.

Eugene Forman,	- - - - -	- Sterling, Cayuga Co., N. Y.
Charles Berry,	- - - - -	- Bell Plaine, Scott Co., Minn.
James Alexander Brush,	- - - - -	- Sheakleyville, Mercer Co., Pa.
Erastus B. Letson,	- - - - -	- Aurora, Erie Co., N. Y.
Charles Benjamin Kibler,	- - - - -	- Corry, Erie Co., Pa.
David H. McCluskey,	- - - - -	- Pulaski, Lawrence Co., Pa.
Stewart Henry Benton,	- - - - -	- Albion, Erie Co., Pa.
Robert Andrew Snodgrass,	- - - - -	- Jamestown, Mercer Co., Pa.
Hugh Addison Davenney,	- - - - -	- Youngsville, Warren Co., Pa.
John Deans Scouller,	- - - - -	- Sparta, Randolph Co., Ill.
James Bignel Knapp,	- - - - -	- Odessa, Schuyler Co., N. Y.
Charles Smith Pugeley,	- - - - -	- Clarence Centre, Erie Co., N. Y.
Edward Elias Fuller,	- - - - -	- Buffalo, Erie Co., N. Y.
George Rex Hinman,	- - - - -	- Middleport, Niagara Co., N. Y.
Mathew J. McElhaney,	- - - - -	- Hartstown, Crawford Co., Pa.
Robert Young Charles,	- - - - -	- Angelica, Allegany Co., N. Y.
George Edward Blackham,	- - - - -	- Dunkirk, Chautauqua Co., N. Y.
Walter Harvey Bills,	- - - - -	- Warsaw, Wyoming Co., N. Y.
John Boyes,	- - - - -	- Orange, Schuyler Co., N. Y.
William Hartwell Chaddock,	- - - - -	- Pewamo, Ionia Co., Mich.
Benjamin Franklin Leet,	- - - - -	- Alliance, Stark Co., Ohio.
William Miles Wallis,	- - - - -	- Darien, Genesee Co., N. Y.
David J. Wilson,	- - - - -	- Westfield, Chautauqua Co., N. Y.
Dewitt C. Boone,	- - - - -	- North Cohocton, Steuben Co., N. Y.
James Sloan,	- - - - -	- Buffalo, Erie Co., N. Y.
Charles Meine,	- - - - -	- Germania, Potter Co., Pa.
Lucius William Byam,	- - - - -	- Pavilion, Genesee Co., N. Y.
William Quincy Huggins,	- - - - -	- Aunda, Livingston Co., N. Y.
John Morris Duff,	- - - - -	- Holly, Orleans Co., N. Y.
Joseph Warren Hancock, B. S.,	- - - - -	- Red Wing, Goodhue Co., Min.
George Graves,	- - - - -	- Herkimer, Herkimer Co., N. Y.
Otto Thoma,	- - - - -	- Buffalo, Erie Co., N. Y.
George Addison Wallace,	- - - - -	- Rochester, Munroe Co., N. Y.
James Kirke Stockwell,	- - - - -	- East Wilson, Niagara Co., N. Y.
George Goodrich Carrol, A. M.,	- - - - -	- Rochester, Munroe Co., N. Y.

William Henry Allen, A. M.,	- - - -	Rochester, Munroe Co., N. Y.
Luther Hart Kitchel, A. B.,	. , - -	Middlebury, Addison Co., Vt.
Nelson Wilbur, A. B.,	- - - -	Orange, Schuyler Co., N. Y.
John Cynda Butterfield,	- . - -	Churchville, Munroe Co., N. Y.
Richard Morris,	- - - -	- - - Delaware, Ontario.
William John Cronyn,	- - - -	Lockport, Niagara Co., N. Y.

The following Theses were found by the Faculty and Curators Worthy of *Honorable Mention*.

*Aphasia*, by Luther Hart Kitchell, A. B., which on account of its originality and accuracy of observation was also recommended for publication.

*Morbid Conditions and Chemical Analysis of the Uine*, by James Kirke Stockwell.

Thus closed, in some respects at least, the most successful Lecture term of the institution, which now appears as yearly increasing in all the essentials of true prosperity.

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## Memorial of the National Medical Society of the District of Columbia.

*To the Members of the Senate and House of Representatives of the United States:*

Whereas it has been stated in a published circular that the persons endeavoring to form a medical society on the basis of "equality before the law" have maliciously and falsely attacked the Medical Society of the District of Columbia, we deem it but just to the public, as well as ourselves, to make the following statement of facts:

Within the past few years some colored physicians regular graduates of medical colleges and of untarnished character and reputation, having held positions as surgeons in the Union army during the rebellion, have settled in this city and secured to themselves a large professional practice.

There being only one medical society in the District where all licenses to practice must be obtained, and all advantages flowing from medical and professional discussions were to be enjoyed, it became the duty of these colored physicians to obtain license and membership, in order to keep up their medical education, and derive all the advantages from weekly professional discussions.

The Medical Society of the District of Columbia has, on two different occasions, refused to elect these colored physicians to membership, acknowledging that the color of the candidates was the reason for so doing, and some of its members have refused to consult with them because they were not members of the Society.

This was in June, 1869. Hoping that discussion of the subject would aid in securing justice, we were content to await the result.

January 3, 1870, by a vote of 26 to 10, the Society refused to consider a resolution offered by Dr. Reyburn, which read as follows, viz:

"Resolved, That no physician (who is otherwise eligible) should be excluded from membership in this society on account of his race or color."

Some of the present officers of the Society have refused to consult with the colored physicians, but instead thereof, have taken charge of patients who were under their care, without giving them the customary notice of dismissal, in direct violation of the ethics of the profession.

These colored physicians have applied to the Society for membership, but were rejected, by a large majority, although the Board of Examiners reported favorably on them. At the last election of officers in the Society, held January 3, 1870, the Chairman of this Board was removed, and a gentleman, late of the Confederate army, well known for his opposition to the admission of colored physicians, was elected in his place, thus insuring their future defeat. Other gentlemen who served during the war in the Confederate army are now prominent in the control of its affairs.

At the same meeting a white candidate, a gentleman of high professional standing, and occupying an important official position, was objected to, solely on the ground that he was believed to be in favor of the admission of colored members.

Again, the circular published by the committee of the Society, states that their weekly meetings are "social reunions." These meetings are conducted under strictly parliamentary rules, from the opening to the adjournment, and only professional questions, essays and papers, are brought forward for discussion, and gentlemen are even required to obtain permission of the President to retire from the meeting. If these meetings, held in compliance with the charter of the Society, are only social reunions, then the meetings of all bodies not strictly parliamentary are social reunions.

Other colored men will soon graduate from medical colleges in the United States and throughout the world, and their rights should be protected and guaranteed within this District.

It is a fact worthy of note, that this is the only country and the only profession in which such a distinction is now made. Science knows no race, color or condition, and we protest against the Medical Society of the District of Columbia maintaining such a relic of barbarism.

We, for the reasons stated, and in accordance with the spirit of the times, ask Congress to grant a Charter to a new Society which will give all rights, privileges and immunities to all physicians, making only the presentation of a diploma from some college recognized by the American Medical Association, and good standing in the profession, the qualifications necessary for membership.

ROBERT REYBURN, *President.*

JOHN G. STEPHENSON, M. D.,	C. B. PURVIS, M. D.,	} <i>Committee.</i>
ALEX. T. AUGUSTA, M. D.	R. J. SOUTHWORTH, M. D.	
D. W. BLISS, M. D.,	JOS. T. JOHNSON, M. D.	
SILAS L. LOOMIS, M. D.,	JOHN E. MASON, M. D.	

C. ADAMS GRAY, M. D., *Secretary.*

## Items, Selections and Remarks.

BY W. W. MINER, A. B.

At a late meeting of the N. Y. Medical Association, Dr. Knapp stated that in a letter from Prof. G. Simon, of Heidelberg, the writer said that in August last, he had made *successful extirpation of the kidney*. The patient in an operation for ovarian dropsy had had both ovaries and a portion of the uterus removed, and it was afterwards found that one of the ureters had been severed so that the removal of the corresponding kidney was determined upon. The operation was not easy but was accomplished without accident. Some fever was experienced for two weeks, but at the end of six weeks the patient entirely recovered. Dr. Knapp thought the operation of interest, not only as being the newest, but also one of the most remarkable of surgical operations.—Mr. Herard in his experience with the vaccination of 493 new-born infants, has been able to detect no difference between the effects of virus from the cow and that from man.—Drs. Elmer, a user and Porter, of Philadelphia, employ the sponge dressing, as a means of applying pressure, with success, in cases of chronic synovitis.—Dr. E. Fitzau, of Germany, relates the case of a physician, 57 years of age, who swallowed 40 grammes of chloroform. Vomiting soon ensued, he then fell into a state of profound anæsthesia. A stomach pump was used, and a flexible tube introduced into the trachea, and at the end of sixteen hours sensibility returned, but acute gastritis terminated the life of the patient 24½ hours after the taking of the dose.—Langenbeck, of Hanover, has recently removed an inverted uterus. The patient removed the ligature on the tenth day. The operation was a success. One of our western surgeons has performed, involuntarily, the same operation with complete success. He supposed that he was removing a uterine polypus. Another case of inversion has narrowly escaped, recently, the operation for the removal of a uterine tumor. Dr. Atlee, of Philadelphia, states that uterine fibroids may, at times, be removed by small doses of murate of ammonia. This practice, will not, of course, receive the endorsement of the profession, but it has, at least, one merit; a female adopting it may escape the loss of her uterus from the blunders of surgeons, who will, it seems, mistake cases of inversion for tumors, and forthwith institute summary ablation.—*Richmond and Louisville Medical Journal*.

The Bishop of Exeter attained the age of ninety-one years, notwithstanding his life was a most active and stormy one. He is said to have spent from twenty-five to thirty thousand pounds in law suits, and he has written books in so great number that the titles of these alone, occupy thirty pages of the British Museum Catalogue.—A case of feigned sex is reported in the *British Medical Journal*. The deception was not discovered until the death of the individual, when it was found that a person, who, for fifty years, had passed herself off as a man, and who had actually been twice married, was, in reality, of the female sex.—*Reporter*.—Alexis St. Martin, whose case has furnished such remarkable opportunities for observing the functions of digestion, is said to be still alive and well, and lives in Castendish, Vt.—One diploma vender is now located in jail in Port Clinton, O.

—A "Doctor" in Philadelphia has just been fined \$300 and sentenced to one year's imprisonment for publishing obscene books.—Two hundred and fifty cases of relapsing fever have occurred in New York city, and the *Record* says that nine attendants and several of the house physicians in Bellevue Hospital have contracted the disease.—A Dispensary for diseases of the throat and chest has been established at 1354 Broadway, of which Dr. Ruppaner is the attending physician.—Prof. Echeverria, of University Medical College, New York, has instituted a Clinic in Mental Diseases, at the Epileptic and Paralytic Hospital on Blackwell's Island.

The Metropolitan Board of Health has given notice that the same reports to the board are required, respecting cases of relapsing fever as concerning other diseases of a contagious or infectious nature. Dr. Harris says that most of the cases which have thus far occurred, have been among charity patients, and that not unfrequently this affection has not been distinguished from intermittent or typhoid fever.—The Government of India is making efforts to obtain official reports of cases of poisoning from venomous reptiles, and the method employed in the treatment of the same.—The German Hospital, of New York, has received from Germany an unexpected gift of \$50,000 in "five-twenties." The giver was the Baron Von Diergardt, a young man, who had just inherited a large fortune, and begins by making use of it in this manner. He has never been in the United States, and was no doubt, prompted to this great act of charity, by finding a large quantity of U. S. Bonds among his inheritances. The Hospital which is at the corner of 4th Avenue and 77th Street, New York, will be greatly benefitted by this acquisition.—*Reporter*.—Certain male students in the Bellevue Hospital clinic, have followed the example of their Philadelphia fellow-students in giving expression of disapproval of the attendance of women students at the clinic, and in even more severe and impolite terms than were those at the Pennsylvania Hospital.

Profs. T. G. Thomas and Isaac E. Taylor, also Drs. Emmet and Stephen Rogers of New York City, have been elected Corresponding Members of the Obstetrical Society of Berlin.—*N. Y. Medical Journal*.—Dr. J. W. Carnochan has been appointed Health Officer of the Port of New York.—Twenty-eight students received the degree of doctor in medicine, from Albany Medical College, on the twenty-third of December last.—The distinguished specialist Ricord, has received a gratifying mark of imperial favor. Like Mr. Nelaton, he has been made Senator. He has also lately received from the Emperor in connection with a cordial letter thanking him for his attention during his recent illness, a gold snuff box ornamented with diamonds valued at 10,000 francs. The messenger who carried the present, took back the answer that the autograph letter would have been prized just as much without the elegantly jewelled envelope.—*Med. Times and Gazette*.—A class of one hundred and forty-one graduates received their degrees from Bellevue Medical College, at the Academy of Music, Feb. 25th.—The Senate will rescind the charter of the Medical Society of the District of Columbia as being behind the spirit of the age.

German Pharmacists publish analyses of patent medicines as the best mode of warfare against this increasing evil. Of those of real medical value they publish

the proper value in money which is invariably far below the amount asked.—*Pharmacist*.—Minute examinations of liquids found enclosed in crystals of quartz, topaz, etc., by Geissler and Vogelsang, have shown that what is popularly supposed to be water, and by scientists to be hydro-carbons, is really carbonic acid in a liquid state and not unfrequently mingled with water.—A new kind of gunpowder has been prepared by M. Bruyere, by mixing 54 parts of picrate of ammonia with 46 parts of nitrate of potassa. The mixture produces, on burning, 10 atoms of carbonic acid, 6 of nitrogen, 6 of hydrogen, and as a solid residue, 2 of carbonate of potassa. This powder hardly emits any smoke and what little is emitted is devoid of smell. The residue left after combustion does not affect metals, since it is only carbonate of potassa.—*American Exchange and Review*.—From researches made by M. Marie Davy, it is determined that the calorific influence of the moon upon the earth, compared with that of the sun, is as 1 to 12,000,000.

The item in the last issue of the JOURNAL, stating that a Dr. Chas. Von Graefe, the distinguished Oculist was about to visit this country, was taken from the public press. We are informed that Prof. Albrecht Von Graefe has no intention of visiting the United States, and this ruse is probably only one of the forms of quack advertising.

The Medical Society of the state of West Virginia, has recommended to the Legislature the appointment of a State Geologist.—“The Ophthalmological Society of Philadelphia” was organized at a meeting held Feb. 8th, in the Hall of the Pennsylvania Hospital. Dr. I. Hays was elected president, and Dr. W. F. Norris, secretary of the society.—The faculty of the University of Edinburgh has made arrangements for the education of female students of medicine at that institution.—At the time of the death of Prof. Dunglison, there had been issued of his various works, 160,000 volumes. So says Prof. Gross in his memoir of the deceased.—*Pacific Medical Journal*.—A Chicago physician who had been engaged in real estate speculation, is said to have prescribed for a female patient, a drachm of quinine, to be taken—one quarter down—balance in one, two and three years.—The American Publishers Circular announces that D. Appleton & Co., are to publish a work on Chemical Analysis of the Urine, by Austin Flint, M. D., and J. B. Lippincott & Co., a Hand-book of Medical Microscopy, by J. S. Richardson, M. D., also Barnes' Lectures on Obstetric Operations.—The Sydenham Society is about to publish Niemeyer's Lectures on Phthisis, Wunderlich's Treatise on Temperature in Disease, and Strichler's Manual of Human and Comparative Histology.

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### Albany City Hospital.

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It appears that Dr. Charles A. Robertson's review of the published report of the case of Prof. March, has obtained his dismissal from the (so called) Eye and Ear Department of the Albany City Hospital. The action of the Governors so far as can be known from the present statement of facts, appears quite inconsistent with

fairness and a true sense of their obligations to the public. Again, the public expose of the manner in which the Hospital obtained \$4,000, appropriated by the State for the Eye and Ear Hospital, is not very complimentary to their own honesty. Dr. Robertson is too sharp and too much in the right to be treated unhand-  
somerly with safety, and we believe his dismissal from the Hospital will return to torment his pursuers. Certainly if he has been treated as now appears, unfairly, it will only advance his own name and standing, and work irreparable injury to the Hospital and the men who have effected his removal.

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## Annual Meeting of the New York State Medical Society.

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The Society assembled in the Common Council Chamber, City Hall, Albany, February 1st, and after prayer was offered by Bishop Wm. C. Doane, the President. Dr. James P. White, of Buffalo, delivered the inaugural address, which is published entire in the foregoing pages of this Journal. Thanks were voted to Bishop Doane for his services, and to the President for his address. The following Committees were then announced:—On Arrangements, Drs. H. W. Dean, W. H. Bailey and N. C. Husted. On Business: Drs. Arnold, Whiton and Crandall. On Credentials: Drs. Bibbins, Odell and Townsend. On President's Address: Drs. Gray of Utica, Hutchinson of Brooklyn, and Porter of Albany. Dr. Bates of Lebanon Springs, reported as delegate to the State Medical Society of Vermont, Dr. Corliss to that of Illinois; Dr. Holbrook to New Hampshire; Dr. Crandall to New Jersey.

Dr. Squibb, on behalf of the Committee on Pharmacology, offered resolutions, which were adopted, appointing delegates to the Convention for Revision of the U. S. Pharmacopoeia, viz:—Dr. Green, of Homer, Smith, of Manlius and Squibb, of New York, and agreeing to sustain a proportionate share of the expense of such convention. The titles of the following papers were announced by the Business Committee:—Compound Monstrosities, by Dr. Fisher of Sing Sing; Address before Chemung County Society, by Dr. Squire; On the relations of Fatty and Amyloid Degenerations, by Dr. S. O. Vanderpoel; Cases of Chorea, by Dr. Wey; The Life and Character of the late Dr. March; An Address before the Albany Co. Society, by Dr. Babcock. The following papers were read: On a Case of Dislocated Tendons of the Peronei and Tibialis Posticus Muscles, caused by wearing high heeled boots; On Fracture of the Skull, by Dr. Curtiss; on certain Discolorations observed on the Cadaver, and a method of distinguishing them, by Dr. Porter; on the Management of Forceps, by Dr. Clarke; twelve cases of Trichiniasis, by Dr. Flandreau; on Nævi, by Dr. Hubbard; Chlorate of Potassa, by Dr. Peters; Colles' Fracture, by Prof. Moore of Rochester; Malignant Tumors of the Abdomen, by Dr. Hyde; Lithotomy and Lithotrixy, by Dr. Gurdon Buck. Governor Hoffman sent an invitation to the members of the Society to a reception at the Executive Residence on Wednesday evening, which was accepted. The Governor and members of the Legislature belonging to the profession were invited to participate in the deliberations of the Society. The Committee on nominations, as

announced by the President consisted of Drs. Quackenbush, Styles, Parker, Sherman, Dayton, Wey, Didamus and Wyckoff. The Committee on Ethics: Drs. Orton, Burdick and Doolittle. A telegram was received from the Minnesota State Medical Society, sending fraternal greeting and good wishes, which in a return telegram were cordially reciprocated. Dr. Allen, a delegate from the Pennsylvania State Society was introduced and kindly welcomed. Remarks were made by Dr. Arnold on a singular case of enlarged kidney, and also on the injuries given women by running sewing machines; by Prof. Moore on Fracture of the Clavicle; by Dr. Robert Newman, of New York, on the Endoscope; by Dr. Hutchinson, of Brooklyn, on a new instrument for rupturing the mucous membrane of the prepuce in phymosis, and by Dr. J. S. Hawley on Pepsin. Resolutions respecting the standard of Medical education were presented, discussed and laid upon the table. The honorary degree of doctor in medicine was voted to be conferred upon E. S. Lyman and Tobias J. Greene. No prize was awarded the last year for essays, but it was moved that the Merrit H. Cash Prize be one hundred dollars for the coming year. A prize of one hundred dollars was offered by Dr. Hiram Corliss, the object of which will be announced hereafter. A resolution was passed requesting that each County Medical Society annually send to the editor of the Medical Register a list of the officers and other members of said County Society, together with their Post Office addresses, for publication in the Register. Dr. Garrish remarked upon the advantages of the hot douche to the os, for inducing premature labor in cases of deformed pelvis. Dr. Gray presented a remarkable case of hypospadias, and also one of cancer of the bladder, vagina and uterus. It was resolved that greater care should be taken in appointing permanent members; also that the society is of the opinion that instruction in cerebral and nervous diseases should be a part of the curriculum of the schools of medicine in the State; also that a committee consisting of Drs. Flint Elliot and Underhill be appointed to confer with that of the American Association respecting a nomenclature of diseases for the United States. A committee consisting of Drs. LaMores, Sayre and Boulware, to confer with the members of the Legislature respecting increasing the facilities for anatomical study was appointed. A communication from the Board of Regents of the University, announced their readiness to co-operate with the Society in efforts for the advancement of Medical education. The officers appointed for the ensuing year were then announced as follows:—Dr. S. O. Vanderpoel of Albany, President; Dr. Gibson A. Dayton, Mexico, Oswego Co., Vice President; Dr. Wm. H. Bailey of Albany, Secretary; Dr. John V. Lansing of Albany, Treasurer. The annual address by the President which was delivered on the evening of the second day of the meeting we hope to be able to publish in next month's Journal.

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RECEIVED.—We are happy to acknowledge the receipt of a very excellent steel engraved portrait of Dr. John W. Francis of New York, from the New York Medical and Psychological Journals, by whom it is dedicated to the United States.—It is of large size, and would adorn the handsomest apartment of a physician, and is given as a present to new subscribers to these journals.



## Books Review.

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*A Practical Treatise on the Diseases of Children*, By ALFRED VOGEL, M. D. Translated and Edited by H. RAPHAEL, M. D. (*From the Fourth German Edition.*) D. APPLETON & COMPANY: NEW YORK, 1870.

This work upon the diseases of Children, commends itself to our approval, though we have not yet been able to examine it as minutely as its importance demands. There are many points of merit of which we are ready to speak, the first of which is: it will be found to contain a more or less detailed account of every morbid condition known to affect our race in infancy and childhood. The second point of merit will be found in the careful consideration bestowed upon the causes of these various accidents and ills. Another marked attraction of the work is, the completeness of the descriptions of disease. A work having these merits, will necessarily be believed to also contain correct and complete therapeutical conclusions.

Our attention is attracted to one paragraph as we turn its pages, in the etiology of hereditary syphilis, which strikes us with some surprise. Page 590, our author says: "In the great majority of cases, hereditary syphilis descends from the father not the mother. If the mother is affected with secondary syphilis, the pregnancy will hardly ever go on to natural conclusion; an abortion, or, at least, a premature delivery will take place. This in fact, happens also, although less frequently, in secondary syphilis of the father; the pregnancy here, usually terminates normally, but the child comes into the world either with pemphigus syphilitica, or manifest signs of hereditary syphilis during the first six months of life."

We had thought that it had never yet been fully shown, that the child inherited syphilis of the father, unless through the mother secondarily. Many authors still teach the doctrine, that syphilis in the mother is communicated to the child, while this disease in the father, is rarely, probably never thus extended. However, upon these points, differences of opinion must be expected.

The work is illustrated by six lithographic plates, which add greatly to its value. It appears to us from the examination we have been able to make, that perhaps the whole subject of the diseases of children is more fully and more perfectly embodied in this book than in almost any other.

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*Plastic Operations. A Paper read before the New York Academy of Medicine.* By PROF. FRANK H. HAMILTON.

In this paper is described a large number of operations of Plastic Surgery, and the results, so far as known, of the operations. Many of the cases occurred in Prof. Hamilton's practice while resident in this city. In one case, that of Dr. Ward's of Silver Creek, operated upon for epithelioma, it should be added that the disease has returned, but still makes very slow progress. The cases are instructive and the modes of operation are ingenious.

*Sawyer's Obstetric Aphorisms.* By JOSEPH GRIFFITHS SWAYNE, M. D., & EDWARD R. HUTCHINGS, M. D. HENRY C. LEA, 1870.

This book is "all about Obstetrics" in few pages, and is eminently adapted to the end in view, being designed for students, and those commencing the practice of obstetrics. It is certainly well arranged for presenting the main and essential facts in this department, and would serve as an excellent guide, until more complete instructions could be obtained.

*Transactions of the American Ophthalmological Society and Otological Society.*

The Sixth Annual Meeting of the Ophthalmological Society was held July 21st, 1869, at Newport, R. I. Drs. B. Joy Jeffries, of Boston; H. Knapp, of New York; D. B. St. John Roosa, of New York; John Green of St. Louis, Mo; Edward G. Loring, of New York; Henry D. Noyes, of New York; E. Dyer, Philadelphia; C. R. Agnew, of New York, and G. Hay, of Boston. presented valuable papers upon the various subjects of Ophthalmology.

The Otological Society held, also, its Second Annual Meeting at Providence, R. I., July 20th, and the reports of these societies are published in connection with each other. Many interesting subjects connected with the objects of the society were presented and discussed by the members. The members seem deeply interested in promoting, not only the interests of these societies but the advancement of their favorite departments of medicine.

*On the Wasting Diseases of Infants and Children.* By EUSTACE SMITH, M. D., London. Philadelphia, HENRY C. LEA, 1870.

This volume, of about two hundred pages, is devoted to a consideration of the various defects of nutrition grouped and vaguely expressed by the terms, "Marasmus," "Tabies," "Atrophy," &c. The aim has been to define, as far as possible, and describe all the various conditions upon which these "wasting" diseases depend, and present them to the profession in definite and available forms. The work is based upon ample personal observation, and every chapter shows labor and thought, turned, certainly, in the right direction. We regard it as a valuable contribution to the literature of the diseases of children. It will be found a practical guide of great value in the treatment, especially, of these forms of diseases.

*Diseases and Injuries of the Eye; their Medical and Surgical Treatment.* By GEORGE LAWSON, F. R. C. S. Philadelphia, LINDSAY & BLAKISTON, 1869.

This is a manual comprising the work of the author formerly published upon injuries of the Eye, together with a condensed treatise upon the diseases of this organ, and the best methods of treatment. In its present form it is one of our most attractive and complete manuals upon these subjects, and commends itself

to the attention of students and practitioners as constituting a sufficient practical guide in most instances. If students and practitioners will acquaint themselves with the teachings of this book, which the author modestly styles a "Manual" they can no longer be regarded as ignorant of the science and art of Ophthalmology, or as unprepared to treat diseases and injuries of the eye. Hand-books of medicine and surgery appear too much like "offering the rewards of diligence without suffering its fatigues," but it cannot be denied that this and other similar condensed works upon this subject have contributed much to general knowledge of the diseases and injuries of the eye, a branch of surgery which has been almost wholly neglected by the general practitioner. We, therefore, most earnestly recommend it to the attention of the profession, and trust that a class of diseases so important to the public and the profession, will receive the study they so much require.

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### Correction.

In our last JOURNAL the heading to the article contributed by Prof. N. H. Eastman, was so wholly wrong as to be incapable of correction. We can now make no amends for the mistakes, and will simply say what it should have been, and make as little mention as possible of what it actually was. It should have been: "*On the Action of Mercury. A Paper read at the Semi-Annual Meeting of the Medical Association of Central New York, held at Syracuse, December 15th, 1868.* By PROF. N. H. EASTMAN, M. D., of the Geneva Medical College."

LATE.—Our JOURNAL again appears too late, owing to circumstances which we have not been able to control. We promise to do better hereafter, and hope this may be a sufficient apology for us this time.

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### Books and Pamphlets Received.

**Physiology of Man.** By Austin Flint, jr., M. D., Professor of Physiology and Microscopy in the Bellevue Hospital Medical College, etc., etc. Volume third: On Secretion; Excretion; Ductless Glands; Nutrition; Animal Heat; Movement; Voice and Speech. New York, D. Appleton & Co. Received through Breed, Lent & Co.

**Clinical Lectures on the Principles and Practice of Medicine.** By John Hughes Bennett, M. D., F. R. S. E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, etc., etc. Fifth American, from the fourth London edition. With five hundred and thirty wood illustrations. New York, Wm. Wood & Co. Received through Breed, Lent & Co.

**A Manual of Clinical Medicine and Physical Diagnosis.** By Thomas Hawkes Tanner, M. D., F. L. S., etc. Revised and enlarged by Tilbury Fox, M. D., London, Physician to the Skin Department in the University College Hospital. Philadelphia, H. C. Lea. Received through T. Butler & Son.

**Personal Beauty.** How to Cultivate and Preserve It. By D. G. Brinton, M. D., and Geo. H. Naphey's, M. D. Springfield, Mass. W. J. Holland.

**Contributions to Practical Laryngoscopy.** By A. Ruppner, M. D., Physician to the New York Dispensary for Diseases of the Throat and Chest.

**Remarks on the Galvanic Battery.** By G. W. Hough, Director of Dudley Observatory.

**Velocity of the Electric Current over Telegraph Wire.** By G. W. Hough, A. M.

**The Physical and Medical Topography of the City of Wheeling.** By James E. Reeves, M. D.

**Sixteenth Annual Report of the Trustees of the State Lunatic Hospital at Taunton**

**Second Annual Report of the New York Ophthalmic Dispensary, located at 1299 Broadway.**

**Commencement of the Regular Spring Course of Practical Instruction at the Medical College of Ohio, at Cincinnati.**

**Insurance Monitor.**

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VOL. IX.

MARCH, 1870.

No. 8.

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## Original Communications.

ART. I.—*Address before the Medical Society of the State of New York.* By JAMES P. WHITE, M. D., of Buffalo, President. *Delivered February 2d., 1870.*

(Reported for the Buffalo Medical and Surgical Journal.)

FELLOW-MEMBERS OF THE SOCIETY, LADIES AND GENTLEMEN :

In conformity with a by-law of this Society, and following the example of my distinguished predecessors, it becomes my duty to address you on some subject which may be expected to interest both the members and the lay friends of the profession who honor us by their presence. The number of topics from which selection can be made for an occasion like the present is somewhat limited, being confined to such as are not exclusively scientific in character, and which occupy our business sessions, but combine a popular element, adapted to the entertainment of our invited non-professional guests. Hoping to avoid the charge of professional egotism which the hyper-sensitive may think incurred, your attention is invited to the subject of *Progress in Medicine*.

There exists a popular prejudice that Medical Science is stationary. Irregulars of every stripe foster this opinion, and assert that the profession is non-progressive. Indeed by all the "isms" which infest society, is legitimate medicine charged with being "fossilized." Against these and similar accusations, we shall attempt to vindicate that profession, to the prosecution of which our lives are devoted. We might content ourselves by demanding of those who make this groundless assertion against the true disciples, to point out a single instance in which progress has been accomplished by one of these presumptuous revilers. What Physiological law? What

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Pathological truth? What Chemical discovery? What rational Therapeutical combination? What important Therapeutic principle can be claimed for those who thus assail the true Esculapian ranks? We might be satisfied to dismiss the further consideration of the charge against "progressive medicine" until its enemies shall establish a character for their own achievements; yet does the observation of one whose acquaintance with the profession extends over a period of more than forty years, induce the belief that we may safely undertake much more. A cursory glance at the advancement made in the several departments of Medical Science within the experience of an individual who hopes yet to see much more accomplished, will clearly demonstrate that it can claim a degree of progress unsurpassed in any other field of human effort. As when the broad Niagara, emerging from the Lake, and long before it takes the fearful plunge, from its great depth remains undisturbed by the pebbles below, and rushes noiselessly on, and only by fixing the eye on some point on the opposite shore, or some object floating upon its surface does the beholder become aware of the rapidity and force of its current; so with the unobtrusive advancement of medical science, its votaries can only realize the giant strides which are constantly being made, by carefully observing its condition in the past, and noting the changes which have taken place within a limited period. Let us therefore summon the several departments before us, and allow each an opportunity for self vindication. What forward steps have they taken during the last two score years, as observed by those of us who have been borne along upon the current of that period.

In proceeding to a seriatim cross-examination of the several subjects forming the composite called "Medical Science," descriptive Anatomy, one of its rudimental constituents may be first cited to trial. Anatomy is not only the basis of Physiology but of Pathology, and the practice of Medicine. It is therefore proper that we should commence this investigation by ascertaining what advance has been made in a knowledge of the structure of the human body. The ignorance and superstition which among the intellectual Greeks, and war-like Romans had prevented dissections, had at length been overcome. The proper study of Anatomy, which had been encouraged upon the continent was finally legalized in Great

Britain in the second year of the reign of William the IV, by a Parliamentary enactment, permitting the possession of human bodies for the purpose of dissection. In passing, we may remark that this judicious enactment in the British dominions, like similar legislation in all parts of the world, was sufficient to arrest the crime of body-snatching, and the still more revolting one of Burkeing. It also brought into this field a large army of active men, whose careful dissections and investigations left no part of the human system undisclosed. Indeed, at the commencement of the period now under consideration, and when the speaker entered upon the study of this department, in simple descriptive anatomy of the parts of the human system, it is but truth to admit that few deficiencies were left to be supplied. Doubtless the recent works of Wilson and Gray with their numerous illustrations facilitate the acquisition of the knowledge of the science, yet the authors which were in the hands of the student of that period such as Bell, Cloquet and Wistar, would not be inappropriate as text books for the student of to-day, and a large atlas of plates of the bones, muscles and organs, published in 1821, by John Lizars, of Edinburgh, and now in my possession, cannot be surpassed for scrupulous correctness and perfection of outline, by any of its more pretentious modern successors. The now venerable Prof. James McNaughton, of this city, to whose lectures on Anatomy it was my privilege to listen, in the years of 1831-2-3, described with unsurpassed accuracy the minutest points of origin and insertion of every muscle, the situation and form of all the viscera, and the smallest process of every bone entering into the formation of the human body. Granville Sharp Pattison, then of Philadelphia, whose brilliant course upon the same subject I subsequently attended, had made the great advance of carefully describing the organs and their relations to each other in the regions most frequently involved in surgery, or regional anatomy. Bichat had also recently called attention to the anatomy of tissues, and had pointed out its pathological importance. Here, this the most advanced of all the departments, rested. Minute anatomy remained an unexplored field. The Microscope had hardly been called in requisition. Microscopical anatomy of the tissues and fluids was unknown, and the analysis of the solids and fluids, or animal chemistry, remained nearly a seal-

ed book. The marble had been quarried, and had received certain outlines and proportions, but it required progress in the associate departments of Physiology, and Pathology to inspire it with vitality. It was dead, inert, unfinished matter, minutely described it is true, but requiring that inspiration which it derives from the study of its healthy functions, and Pathological changes, to give it life, and utilize it for the medical practitioner. The science of organization remained comparatively useless—a mere arbitrary collection of names, without any application of the science of life or Physiology, or any knowledge of the changes occasioned by disease or Pathology. These departments were as yet, almost entirely undeveloped.

Let us next then inquire into the state of the science of Physiology at that period. Adelon, Chaussiere, Blumenback, Richerand, Magendie, Rudolphe, Broussais, Sir Charles Bell, and others had by their writings and experiments been instrumental in creating a taste for the prosecution of physiological studies. It is however an undoubted fact, that nearly all important discoveries in physiology have been the result of experiments upon living animals—called experimental physiology. This method of investigation was scarcely practiced in any part of Europe at the time now under consideration, and had no existence in this country.

Under the lead of such men as Robin, Lebert, Bernard, Coste and Longet in Paris, and Dalton and Flint in America, has experimental physiology advanced the science with wonderful rapidity, and uprooted many of the theories taught when I became a student of medicine. Much has been demonstrated, the existence of which was then unsuspected. So numerous and important are these changes that physiology may almost be said to have been re-created. Illustrations in proof of this assertion are so numerous as scarcely to permit selection. Take for instance the subject of generation. Drelincourt in a curious and exhaustive work on this subject enumerates no less than 263 theories which had been described, and many more might have been added. Several of these theories were taught and believed by different physiologists when the speaker first sought instruction on the subject. These with their predecessors are now demonstrated to be incorrect and are regarded as little if any better than the speculations of Aristotle and Hippo-

crates, which had been taught more than two thousand years before. This seems to have been the favorite study of the great Harvey, and after the discovery of the circulation of the blood he made many observations worthy of that sagacity and industry which were never exceeded. With all his abilities and advantages, and when it was reasonable to expect that he would be silent or say something satisfactory on the subject; he contented himself with his incomprehensible "Magnetic theory." Our own countryman, Dr. Dewees entered this fruitful field of speculation with the same fruitless results. In this hypothetical and unsettled condition was the physiology, of these functions when I entered upon its study. In 1842 M. \*Pouchet, Professor of Zoology in Rouen, first published his work entitled "Theorie Positive de la Fecundation," in which he announced the discovery of the ovular theory.

Negrier, Patterson, Lee and Jones seem to have been on the very verge of this discovery, and were apparently prevented from making it by too rigid adherence to old theories. Pouchet announced the law that generation in all animals takes place by means of ova or eggs; some inferior beings alone forming an exception.

He established the pre-existence of ovules in the whole animal series, without the possibility of question, and their periodic emission independently of fecundation or the influence of the male germ. Thus did he assume to overturn all previous opinions relating to the functions of the ovary. His theories have been sustained and fortified by direct experiments made by Bischoff and Raciborski as well as by himself and by all there at nearly the same time and independently of each other. Subsequently M. Coste and many others in France, and Dalton, in this country, have confirmed these position and the doctrine is now believed to be firmly established. Again, until within the time now under consideration it was believed that animals and plants differed very widely—that their substance had nothing similar and that cells existed only in plants—such was the condition of things when Schwann, of Germany, taking up the beautiful investigations of Schlieden, published in 1838, upon the structure and growth of vegetable cells; came to the conclusion that animal tissues con-

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\* I have a copy of his first Monograph given me by the author in 1851, which, in my opinion, establishes his right to priority.



sisted equally of *cells*, and that whatever may be the complication of this substance in the animal--whatever may be the external form of the various parts in the animal tissues—they all originate from *cells*, and are after all only modified cells. We find also that in the beginning the germ consists of simple cells, derived from a modification of the *yolk* which is an essential part of all ova or eggs. Such then is the condition of all germs, and from this starting point we arrive at all animals, even so complicated in structure as man. In other animals, throughout the series of the animal kingdom, in which the most complicated structures are observed—in which structures very distinct and unlike are successively formed, flesh, blood, nerves, skin, hairs, scales and all possible structures, so unlike as to admit of no comparison, all are now known to be formed in the same manner. They are merely modifications of the cellular tissue which characterized the germ when forming. What we call ova or eggs then, in their simple condition, are but cells of a peculiar structure, formed in a peculiar part of the body,—destined to undergo peculiar modifications, by which the body is not enlarged, by which no particular function is performed, but by which a new individual is created. Thus do the investigations of modern physiologists establish *unity* in the *structure* of animals and rarity in their mode of reproduction. The time is now past when it is possible to doubt that there is order in nature—the existence of a general law regulating the creation and development of all animated beings cannot be questioned.

These discoveries alone established, as they have been within the period of my own observation, would be sufficient to establish the progressive state of physiology, and entitle us on this evidence alone to a triumphant vindication.—This, however, is but a single advance and many others equally important may be mentioned. Sir Charles Bell, or rather Magendie, had just described the spinal marrow and demonstrated the existence of sentient and motor filaments and this was then regarded as a large step forward. But Sir Charles Bell was utterly ignorant of the function of spinal reflex action and the important role it plays in the production of disease. How much has been learned also during the last forty years of the functions of ganglionic or organic nerves, the important part they play in digestion, nutrition, assimilation, cir-

culatation and respiration. Who at the commencement of the period now under consideration had any just appreciation of the functions of the liver, although, through ignorance of its condition most patients were assured that they were *bilious* and severely medicated upon the hypothesis. In 1849 M. Claude Bernard first described an important function of the organ, till then unsuspected under the name of the "glycogenic function of the liver." The experiments of Bernard, the most important of which have been repeatedly confirmed by other observers, demonstrate that, most of the sugar so formed has an internal origin, and that it first makes its appearance in the tissue of the liver itself. During the year 1869, G. F. Barker, M. D., has published a series of articles in Silliman's Journal, confirmatory of the theory of the formation of sugar in the liver, and supplied abundant additional proof of its correctness.

The discovery of the excretory function of the liver, in 1862, is one of the most important of modern times. Prior to this date the existence of cholesterine had been demonstrated in various parts of the economy, but its physiological history was completely unknown. By a series of elaborate experiments Prof. Austin Flint, Jr., conclusively established that this substance is formed in the brain, and nervous tissue by destructive assimilation,—taken up from these localities with the blood, conveyed to the liver, and in this organ separated from the blood, and as an ingredient of the bile, discharged into the intestine. The existence of a depurative function of the liver, equal in importance to that of the kidney is thus clearly shown. The recent investigations of Bernard, upon the temperature, pressure and modifications in the circulation of the blood in the glandular system, the analysis of its free gases, together with the discovery of the function of the Pancreatic juice in the digestion of fats are all striking examples of the progress made in this department of medicine.

The views of physiologists with regard to the essential process of respiration and hematosiis before the time of Lavoisier are completely exploded and now possess merely historical interest. Sir Humphrey Davy, in 1839, in an essay on "Light, Heat, and the combination of Light, with a new Theory of Respiration," first advanced

the accepted doctrine of the present day. But enough has been said to fully establish the highly progressive state of physiology, and without dwelling longer in this most inviting and fairy field we must press on to a consideration of the other departments.

*Materia Medica and Therapeutics* being also rudimental, may next be summoned to show progress. "This Department," says the learned Prof. Charles A. Lee,\* "is the most important of all branches of Medicine" all others are mainly subservient to it, and yet it has received less attention from the profession than any other in the *Curriculum* of Medical study, it has always been undervalued, both by teacher and student.\* Although this opinion of its paramount importance may arise in part from the zeal of an enthusiastic teacher of this department; still all must admit that it is difficult of attainment and requires the most profound study. It implies a thorough knowledge of all medicines; their natural history; chemical composition; physiological and therapeutical effects, their *modus operandi* in all morbid conditions; effects in over-doses; mode of producing death, antidotes, and especially an acquaintance with all modifying causes; their indications and contra-indications; as well as modifications of effects produced by combinations; all this requires years of study, close observation and experience.

This department has been greatly advanced by a better acquaintance with pathology which exists now as compared with forty years ago. A successful application of remedies to disease must be based upon a knowledge of the seat and cause of the disease, as well as the *modus operandi* of medicines administered. The popular mind regards disease as occasioned by some poison, for which there must be some antidote,—a specific. All homœopathic remedies are regarded in this light by those who prescribe them. The true use of drugs has formerly been to a great degree *empyrical*—based upon much that may be called false experience, prescribing for symptoms and overlooking the cause, seat and origin of the disease. Again in judging of the influence of drugs in healing diseases, physicians are too much in the habit of overlooking the "*vis medicatrix naturæ*" or natural recuperative power; thus attributing to medicines what

\*Introductory Lecture Delivered before his Class at the Buffalo Medical College, Nov. 25, 1869.

was properly due to the innate curative forces. The adoption of theories was among the causes retarding progress in therapeutics. The Brunonian, the Broussain, the Humoral, the Solidary, and many others might be mentioned, all of which required their advocates to accommodate their prescription to a foregone conclusion. Upon these points much more rational views are entertained by practitioners of to-day, than prevailed forty years since. The medical mind is less the slave of prejudice, and prescribing becomes much more the result of a rational analysis of the existing pathological condition and symptoms. Remedies are adapted to emergencies, irrespective of hobbies or theories. Who, at this time thinks it necessary to abstract blood freely from all patients without regard to their condition, when apoplexy is diagnosed? And yet when I entered the field of practice, criminal neglect would have been charged upon the man who had hesitated in the use of the lancet, no matter how anæmic the patient.

One of the principal facts showing the progress of knowledge in Therapeutics, and its cognate department, Hygiene, is the increased value of human life as shown by numerous mortuary tables, and by the constantly increasing profits of Life Insurance Companies. The diminished mortality from special diseases in civilized nations, the disappearance of epidemics and endemics, which but a short time since were vastly destructive to the human family, and the better control of those remaining, abundantly prove immense progress in Therapeutics and Hygiene. Great improvement has taken place in this department of Medical Science within a comparatively short period through the progress made in chemical knowledge. The isolation of the active principles of vegetables,—Quinine, Morphine, Strychnine, and all the family of alkaloids, has greatly contributed to advancement in therapeutics. Who, that had a case of intermittent to treat forty years ago does not shudder at the recollection of the horrible efforts necessary to “choke down” sufficient crude bark to arrest the paroxysms, and thank God that he can now prescribe, through modern improvement in this department, a far more efficient, compact, and acceptable dose. Not only have the active principles of many of the remedies been discovered and brought into use during the last two score years, but there has al-

so been made a long list of new and valuable additions. To this class belong the whole family of Iodides and Bromides, as well as all the Vegetable Alkaloids, to which reference has already been made, and we may also add Cod Liver Oil, and a large number of plants indigenous to this country. The best antiseptics, deodorizers, disinfectants, the per-manganate of potash and carbolic acid—and the application to the same purpose, of the salts of iron, have all been introduced during the period under consideration. The increase in the number and the improvement in the combination and mode of administering iron, would alone entitle this department to triumphant vindication against the charge of non-progressiveness.

Permit me to call attention to the introduction of anæsthetics so recently discovered that the oldest child, whose birth was accomplished under its humane influences, has scarcely attained his majority. We might claim a verdict in favor of our client, and rest it solely upon our ability now to relieve pain. Kindred to the relief of suffering by anæsthesia, is the modern method of introducing medicines into the system by the hypodermic syringe, thus securing their effects with greater rapidity and certainty, and often when the stomach is incapable of receiving and retaining them. Among the improvements which have been made in this department, may be mentioned, and as among the most important, simplification of prescriptions—giving one or two reliable remedies for a specific purpose, instead of combining a multitude often incongruous and never rational. Immense changes for the better have taken place in pharmaceutical preparations, frequently rendering the remedy which formerly was nauseating and repulsive, acceptable to the most fastidious taste—of this class we may mention the extracts, the dragees or sugar coated pills, the syrups, the elixirs, conserves, capsules, etc., etc., of to-day, as compared with the clumsy and disgusting preparations of the same drugs, unavoidably prescribed a few years ago. The knowledge of the cause of scorbutus, and of the appropriate remedies for its prevention and cure, does not ante-date the period under consideration. The subject of alimentation in disease, has only within a few years, through the labors of Prof. Austin Flint and others, received that attention which its importance demands. Much has been accomplished by directing attention to this subject.

Formerly the sustentation and comfort of the patient was overlooked, and he was subjected to impure air, starvation, thirst and heat. Forgetting, in a vigorous attack upon the disease, with *heroic remedies*, to secure Nature's co-operation in effecting a cure.

The merits of the practitioner were estimated by the number and activity of the remedies which he brought to bear upon the enemy to be routed. All the circumstances which modify the effects of medicines are far better understood than formerly, as idiosyncrasy, sex, age, temperament, diathesis, habits and modes of life; race, passions and appetites, the state of the mind, season of the year, light, air, food, climate, temperature, etc., etc. But we cannot dwell longer upon this interesting department. Enough has been said to establish great progress in *Materia Medica* and *Therapeutics*, and we pass to a similar examination of the claims of *Chemistry*, another of the fundamental branches of the Science of Medicine.

Every science is slowly and gradually developed, and Chemistry forms no exception to this rule. It is still, I trust, in its infancy, but nearly all we now know of it, is the result of investigations and experiments during the last century.

The Alchemists did not study chemistry as a science. They practiced it as a means of attaining other objects. They searched for the Philosopher's stone, they essayed the conversion of the baser metals into gold and silver, and attempted the discovery of the elixir of life—a universal panacea. In this pursuit they failed, but their indefatigable industry, and their wonderful ingenuity, led to numerous discoveries, neglected at the time, in many instances, which have had a most marked influence on the development of modern science. It was not until 1760, or 1770, that Lavoisier first gave form to chemical studies and effected a complete revolution in the science. From that time chemistry has made rapid and continuous progress. The time had at length arrived, when the materials collected by the ancients with so much assiduity and zeal, were made the foundation, on the Baconian or inductive system, of a new science. A host of laborers, now eagerly rushed into the field. Chemical combinations, combination in definite proportions, the atomic theory, combination by volumes, atomic or equivalent volumes, chemical nomenclature, chemical analysis, and resolving, many supposed, simples into their elements, were soon brought

to the attention of the student, and gave to the science form and certainty. Great advance had been made in this department before the time when our investigations commence, and its application to animal tissues and fluids in health and disease, and to the analysis of vegetable substances, had made some progress, but its full realization is but now beginning. Perhaps no more notable change has taken place than in the Synthetical experiments, and the results which have been accomplished therefrom, within a few years. Organic compounds can be artificially made out of their elements, or out of mineral compounds, and are not, as has been until recently supposed, exclusively the products of living beings. Latterly Synthetical chemistry has in no inconsiderable degree taken the place of analytical, and chemists have succeeded in building up many of the organic compounds contained in our bodies; there are those indeed who maintain that the day is not far distant when she will call into existence low forms of animal life.\* Already various forms of albumen are claimed to have been produced, while there is literally no end to the number of quinary and quaternary compounds that chemistry has produced, and is yet producing. Perhaps the greatest and most important truth disclosed in the progress of organic chemistry is this,—whatever compounds we have containing one atom of carbon, and whatever may be its properties or its relations to other bodies—we find all these repeated in compounds containing two atoms of carbon, and again in those containing three atoms, and so on. Hence we have the relations termed homologous and heterologous, and organic bodies are to be studied in two entirely diverse directions. It is a consequence of these new established principles that, although the compounds of carbon now known and described are almost innumerable, yet organic chemistry is easier of acquirement than it was a few years since, when all its known bodies could be easily enumerated. Nor has analytical chemistry been neglected. Its usefulness has been extended to the arts. For example, a few years since the black, offensive tar of our gas works was thrown away—entirely refuse—worse than refuse, a positive nuisance—hard to be rid of. Now we extract from it substances convertible by the art of the chemist into a complete series of colors—rivaling or sur-

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\*Mr. S. M. Bradley, Introductory Lecture, delivered to his class at the commencement of the session of 1869-70, in the Manchester Royal School of Medicine, England.

passing the most brilliant of the vegetable or animal world. To the same unpromising source, we owe another substance of great value, and perhaps still greater promise in medicine—the Phenyl alcohol, or carbolic acid. Time would fail me, were I to attempt, to give even a list of the new compounds discovered and prepared by chemists in the last few years; some of them of great scientific interest, many of practical value in medicine, and in the arts.

There however is one new instrument of investigation—a method of analysis now employed by the chemist—so entirely *new* in its nature and its power, that it must not be passed over. I refer to the *spectrum* analysis, developed principally by the researches of Bunsen and Kirchoff. This has already revealed to us four new elements, thallium and indium, and two alkaline metals resembling potassium. In this analytical method each element points its own peculiar image in the spectrum by which it may be distinguished from any other, and by which it may also be recognized in any state of combination or mixture, for it depends on the one sole property which the transforming influence of the chemical force fails to reach. And finally chemical analysis by this method attains a delicacy almost inconceivable. A 6–1,000,000 grain of lithium and 1–180,000,000 of one grain of sodium can be detected—a platinum wire which is perfectly clean and shows no trace of this metal, exposed to the air a short time, discloses on its surface the sodium in the atmosphere. More than this—the spectroscope has not only small fingers and can pick up infinitesimal traces,—it has long arms and reaches out through the celestial spaces 190,000,000 miles to the sun, and tells us what gases make its wide, surging, flaming atmosphere—nay, it stretches out to the broader distances beyond, and brings back an account of the composition of the fixed stars and nebulae.

It is time to proceed to an examination of the progress made, during the same space of time, in the practical application of these elemental sciences to the prolongation of human existence, or the saving of human life.

The Practice and Principles of medicine first claim attention. By this is meant those grand truths and doctrines which have been ascertained and established with more or less precision by the continued observation of attentive minds throughout the entire pro-



gress of medicine as a science. Hippocrates first added philosophy and reasoning to experience, and introduced those discussions which finally led to the overthrow of empiricism. Since then, although the medical profession has uniformly conjoined the results both of reasoning and experience, each of these two methods has had its especial advocates. Even at this day, you often meet individuals who complacently call themselves "*practical men*" and sneer at all modern advances in pathology and diagnosis. On the other hand, we frequently encounter persons who attribute too much importance to theory, and regard with feelings of contempt, him, whom they denominate a "routine practitioner." Observers have not been sufficiently guarded against the danger on the one hand, of becoming mere machine-like routinists, on the other, of skepticism in relation to the efficacy of all remedial measures. The cultivators of medicine have ever been in haste to render the science *exact*,—when an individual has brought forward what he conceived to be a law, or fact, he has tried to make it applicable to all vital phenomena, and thus erected a new theory. In this way arose the doctrine of the fluidists, the solidists, the vitalists and many others. Indeed, mischievous as this effort has been in its consequences, it is not unreasonable to hope that medicine is destined to advance, and that the day will arrive when a Newton, a Galileo, or Lavoisier will arise whose genius will furnish *our* science with its primitive fact, and stamp upon it the character of precision and exactitude.

The greatest improvement which we have to chronicle, as occurring during the last forty years, in the practice of medicine, consists in the broader and more rational views now taken of disease. Physiology and pathology guide in the diagnosis and treatment, instead of a pre-conceived theory. It would now be impossible for any one to lead a large number of the better portion of the profession into the adoption of a system so partial and unsatisfactory in its foundation, as Broussaisism or *gastro-enterite* which prevailed to a great extent at the commencement of the period under consideration. No practitioner of the present day deems it necessary to bleed simply because the patient has pneumonia. No intelligent physician would be sustained in giving Tartar Emetic or Turpeths Mineral when croup was diagnosed, at least until its peculiar character was ascertained. He would feel bound in these as in many other

instances which might be cited, to analyze the symptoms, ascertain the pathological condition, and after a rational examination of the case, he might conclude to pursue the course formerly adopted, but most likely, guided by the light of modern discoveries, he would find this heroic medication worse than useless. It is true the practice of medicine is now less simple, than formerly, when but to name the disease, pointed out the routine of treatment.

Forty years ago Avenbrugger and Laennec had pointed out the use of the stethoscope and described many of the intrathoracic sounds, but a fraction only of the profession were familiar with their writings, and few relied upon Physical exploration as a guide in diagnosis. To-day by these signs or sounds, every well educated practitioner expects to map out disease and determine the tissues affected, the progress it has already made, and ascertain with considerable accuracy its probable duration and termination. Forty years ago, the Microscope was used by a few progressive men more to gratify scientific curiosity than to aid in diagnosis and therapeutics. To-day, this instrument is found on the table of every well informed practitioner, and constantly called in requisition as a guide to his conclusions. The knowledge of the relation of local lesions to constitutional conditions has been greatly extended. The attention of the profession has been recently directed to fouled drinking water as a cause of cholera and typhoid fever,—to dampness of soil as cause of phthisis—thus possessing the public of the mode of preventing both of these diseases. It is only recently that locomotor, ataxy, leucocythemia, cerebro-spinal meningitis, embolism fibrinous deposits in the valves of the heart, parasitic diseases of the skin, Addison's and Bright's diseases, have been eliminated from other maladies with which they were previously confounded, their nature studied, and their therapeutics to some extent established.

It is also chiefly within the same period that diseases of the mind have received that consideration which is now conceded them. Within a short time Griesinger, Gray and Hammond have urged the importance of teaching psychological medicine clinically, as a part of the curriculum in the regular college course, in the just hope of dispelling the ignorance which prevails on this subject.

The improvement of our acquaintance with fluid blood poisons, as in septicæmia, pyæmia, etc., is but recent. The chemical tests of

the urine and other excretions were seldom resorted to at the commencement of the epoch now under consideration. To-day, who would be warranted in writing a prescription, for a patient in any doubtful case, without first subjecting the urine to a careful analysis? Diseases, which it is impossible to detect without, are now often, by the addition of a few drops of acid, or a salt of copper and potash, or by the application of heat, diagnosed with certainty, the accompanying symptoms explained, and an intelligent therapeutical course adopted.

Among the aids in diagnosis, as well as treatment, which have been introduced and made available within the last few years, may be enumerated in addition to the stethoscope and microscope, already named, the ophthalmoscope, which has effected a revolution in the treatment of diseases of the eye, the laryngoscope scarcely less useful in exposing to view the organs of speech—the larynx and the pharynx. To these may be added the otoscope, the edoscope and the sphygmograph. These are all now in the hands of active men who are daily enlarging their sphere of usefulness. Thermometry of the human body in fevers, and in a great variety of other diseases, now found so important in diagnosis, is of recent introduction. Perhaps in nothing has so great a change been wrought in the practice of medicine as in the improved hygienic and sanitary measures which appertain to the arrangement of the sick room and the management of the patient. Free ventilation and moderate temperature are now substituted for the confined and heated air of the sick chamber. The patient is now sustained by an abundance of easily assimilated nutriment during the progress of protracted disease, whilst formerly he was drenched with the thinnest soups, or with tisans only, and often, at the same time, in obedience to some hobby of the practitioner, subjected to the most powerful “antiphlogistic” remedies. Now, tonics and stimulants often come in to our aid in carrying a patient safely through a self-limited disease, whilst formerly their use was forbidden from an unfounded apprehension of “increasing the fever” until after the subsidence of all active symptoms. Did time permit, we could greatly add to this catalogue of changes in the practice of our profession, during the last two-score years, but we must pass on to a consideration of the claims of Surgery, which has peculiar attrac-

tions to the progressive young man, has by no means been outstripped in the race.

This brilliant department has been revolutionized within the last few years. Says Gross, "the contrast between the surgery of former times and that of the present day, forms one of the the brightest pages in the history of human progress and human achievement. Redeemed and purified by the genius of modern discovery, it is no longer a handi-craft but a science and an art. Thus improved and perfected surgery, can no longer be separated from medicine, and no surgeon of to-day can undertake the practice of his profession with credit to himself or benefit to his fellow creatures without being deeply grounded in a knowledge of the great doctrines of disease and its cure.

To enumerate all the changes which have fallen under my own observation would be impossible. Simply glancing at the works of Bell and Dorsey—brilliant representatives of that day, and then at those of Gross and Holmes—standards of to-day will abundantly illustrate the change in this department. The introduction of anæsthetics has been an unspeakable improvement in operative surgery. It has extended the field of operations and annihilated suffering. It has increased safety from lessened shock. The metallic suture, another American improvement, has rendered many operations successful, which formerly were not considered feasible.

By the combined effects of anæsthesia and the suture of his own invention, Dr. Marion Sims has demonstrated the curability of those most loathsome affections, the fistulous openings in the pelvic viscera, which were formerly abandoned as hopelessly incurable. Orthopedic surgery and the more rational treatment of all curvatures and deformities does not, in the present improved method resorted to, ante-date the commencement of our historic range. The removal of deformity by transplantation, has been immensely extended and improved within the same period. The treatment of aneurism by compression, coagulation, etc., etc., falls within the same time. Acupressure was first introduced to the attention of the surgeon by Sir Y. Simpson, in 1860. The ecraseur with all its various modifications and applications has but recently been brought into general use. The antiseptic treatment

of wounds is also a recent improvement. The same may be said of the application of atomized fluids to diseased surfaces. Conservatism has, in modern surgery, asserted its prerogatives, and many operations formerly believed necessary are now deferred or omitted altogether—adding much to the preservation of members of the human body, and the safety of life. Exsections, and resections of bones now often save an extremity, which formerly would without hesitation, have been doomed to amputation, and the saving of the periosteum in modern times, often reproduces a lost bone. Nor is conservatism confined to this narrow sphere—it is manifested throughout the whole range of surgery. Perhaps in no department of surgery has improvement been more manifest than in ophthalmology. In 1861 Helmholtz discovered the ophthalmoscope, and commenced a new era in the diagnosis and treatment of diseases of the eye. The development of the present theories of refraction and accommodation has greatly perfected the science. Since this discovery, and the development of the facts therewith associated, a large group of cases has been found amenable to treatment which formerly puzzled the oculist and was deemed incurable. Since the discovery of Helmholtz nearly all the diseases now known to affect the retina and interior of the globe have been investigated and their character and treatment pointed out. Iridectomy, for the cure of glaucoma, was first proposed by Von Graefe in 1856, to which may be added the suggestions of Bowman of London, since made, upon the same subject. The linear extraction of cataract also by Von Graefe as well as other greatly improved methods by other surgeons, may be mentioned, as among the modern improvements in this department. The method of removing the globe for the cure of sympathetic ophthalmia was first devised by Bonnet and O'Farrell in 1841, independently of each other. Iridodesis in 1857, by Critchett, syndectomy by Furnari, in 1862, the modern method of treating closure of the ducts and many other improvements, deserve our attention, did time permit.

The advances made in aural surgery are scarcely less than those made in ophthalmic. The otoscope is nearly as useful in the investigation of diseases of the ear, as the ophthalmoscope in those of the eye, and its beneficial results are almost as widely acknowledged. As an aid in diagnosis, the exploring trochar must be mentioned

as a modern improvement of great value. The mode of dressing wounds, the treatment of the stump after amputation, Reids, and other more philosophical modes of reducing dislocations than formerly prevailed, the modern method of simplifying dressing in the treatment of fractures, the present operation for paracentesis thoracis, the introduction of lithotripsy—these and many other subjects should be carefully considered in a complete description of improvements in modern surgery. But time fails, and we proceed to ask your attention in conclusion to the last and most important of all the practical departments.

The practice of Midwifery, rather the bestowment of help on parturient women, must have been nearly co-existent with the human species. The earliest history which we possess, the Scriptures, make frequent mention of female practitioners among the Hebrews and the Egyptians. It is worthy of remark, as we pass, that in all ages, and in every country, China perhaps alone excepted, the practice has been in the hands of females down almost to the present era. Phænarete, the mother of Socrates, was a midwife; and Plato explains the functions, and regulates the duties undertaken by these females in Greece. Indeed it would seem most probable that this department of medicine was the first of necessity which was exercised as an art; and it is quite certain that it is the last to receive the highest state of improvement. Hippocrates, although often styled the father of Obstetrics, as well as Medicine, must have been profoundly ignorant upon most subjects connected therewith, as he was utterly debarred any opportunity of obtaining information at the bed-side of the patient, where alone correct observation can be made. From his day until long after the commencement of the Christian era, midwifery made no progress. Although practiced as an art it does not aspire to the dignity of a science, until late in the sixteenth century, during the reign of Ambrose Pare. About this period Hotel Dieu appropriated a ward to lying-in-women and enabled Moriceau, profiting by these unparalleled advantages, in 1668, to publish to the world a work of unsurpassed value. Some idea may be formed of the state of the science a century since, and the amount of learning supposed requisite to its practice, when we know that the great Smellie kept suspended from his office, in London, a paper sign with these

words: "Mid-wifery taught for five shillings." About the middle of the last century Hunter made his appearance in this field, and with the introduction of male practitioners which now took place, and a variety of other circumstances which contributed to forward progress in this department, it has now attained a degree of certainty and of perfection not inferior to either of her elder sisters. Under the combined influences of civilization and religion, obstetric practice gradually advanced, triumphing over every obstacle, even that which seemed most formidable, the false delicacy which opposed male attendance, and which precluded careful personal observation. Shippen and Bard, and Tenant, and Boyd introduced the practice and teaching of this department into this country about a century since, and from that period, midwifery has been taught in every Medical College in the United States.

The impetus given to the study of this subject, by these great men of the last century, has gone on increasing in geometrical ratio. The introduction of the metroscope, the sound, and other modern instruments, has wonderfully developed its cognate science—gynecology, which scarcely claimed existence when I commenced the practice of medicine. Its progress is to be noticed in every journal of medicine, and its more recent history must be familiar to all. Within the last two-score years it has ascended in the scale of importance with giant strides, until it now may be said to occupy the vantage ground. Accoucheurs and gynecologists are no longer considered, as in the days of Shippen, as belonging to, or an appendage of medicine or surgery, but are assuming their just position. It is now established, that to make successful practitioners they must unite all the pathological and therapeutical attainments of the physician to the skill and energy of the surgeon, hence, more correct to assign them, at this day, a position indicating that they are a class superior to either, combining all that is meritorious in both.

When can the physician require more accuracy in investigation or more judgment in prescribing, than he who assumes the treatment of a case of child-bed fever? When can the surgeon be placed in circumstances of greater responsibility than the gynecologist who undertakes the removal of large ovarian tumours; or the accoucheur who hazards two lives on the success of a single operation?

A great change in the estimate of the comparative importance of the different departments has been effected within the period so often referred to.

The diseases of females have claimed the intellect of the greatest disciples of the profession of modern times. Of the Harveys, the Hunters, the Dewees, and more recently the literature of this department has been enriched by Simpson and Bennett and Churchill and Velpeau and Dubois and Sims and Wells and Baker Brown and Elliot and Thomas and Quackenbush and Byford and Hodge and Meigs and Bedford and a host of others. And I hesitate not to assert that more progress has been made in the diagnosis, pathology, and treatment of the affections of the organs concerned in the generative functions of the female during the last forty years, than in any other department of medical practice within the same period. Thousands of victims who formerly would have descended bed-ridden to their graves, almost without sympathy, because their diseases were not recognized and appreciated, are, by the aid of modern science, restored to their families and to society.

But I cannot detain you even to enumerate the various improvements in this interesting branch of medicine. It but remains that I beg you to concede it proved that medical science is thoroughly alive and progressive, as shown in this very imperfect resume, and to beg your pardon a thousand times for my prolixity. Finally, permit me to ask the pretending charlatan, who so wisely proclaims the stationary condition of medical science, and loudly insists that his crude ideas shall be pronounced correct because they are novel and startling, to ask of him I say, to point out one single discovery or improvement in all this long catalogue which is not a triumph for legitimate medicine.

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ART. II.—*Abstract of the Proceedings of the Buffalo Medical Association.*

Tuesday evening, March 1st, 1870.

The meeting was called to order by Dr. Miner, President of the Association.

The Secretary, Dr. Johnson, being absent, Dr. Daggett was appointed Secretary.

After calling the roll, on motion of Dr. Samo, the reading of the minutes of the previous meeting was dispensed with.



Dr. Samo, the regular Essayist for the evening, was excused until the next meeting.

Dr. Miner, after apologizing for introducing to the attention of the profession a somewhat rare disease of the eye, and asking indulgence on account of its interest, not only to the Oculist but also to the general practitioner, presented an eye which he had recently enucleated. After enucleation, it had been placed in alcohol to harden its humors, and section now showed the nature of the disease for which it had been removed. He gave the following history of the case, and pointed out the connection between the symptoms and the pathological conditions observed. Mr. P., aged forty-eight, consulted him February 10th, 1870, by advice of Prof. Moore, giving the following account of his malady. "About three months since was attacked quite suddenly with pain in the eye, and very soon observed that I could not see in the outer direction; objects soon came to have a moon shaped appearance, or, one side was darkened by something intervening between the eye and the object seen; this increased so that in a few days I was blind in this eye. Pain has been very severe, and never relieved by any treatment yet given it. Have visited many physicians, some of whom have called my disease amaurosis, or said that I had disease of the optic nerve."

Upon examination, the globe was found to be soft; cornea atrophied, and semi-transparent; through the centre could be observed a white milky substance looking like pus in the posterior chamber; the anterior chamber was nearly obliterated, the iris in near proximity to the cornea. The whole globe was atrophied, and all its tunics together with its conjunctival covering deeply, injected. The other eye also sympathized considerably—vision was dim, and bright light painful, or rather very unpleasant. The disorganization of the eye being so complete and the pain so severe, he had no hesitation in advising enucleation of the globe, which was proposed and gladly accepted. The operation was made in the usual method and was followed by immediate and complete relief of all the severe symptoms. No attempt was made to determine the exact pathological condition previous to operation. The eye had been previously examined by an ophthalmic surgeon, but he mistrusted that no definite idea of the true nature of the disease had been gained.

At this time the opacity of the cornea and the loss of transparency in all the media wholly prevented any other than superficial examination. It was however sufficiently apparent what course to pursue, and the more complete examination and accurate diagnosis was deferred for observation, after due preparation of the globe, by the hardening process, to which it had been subjected.

Section of the globe, shows extravasation of blood between the choroid and retina separating these membranes throughout nearly one-half of their entire extent. This effusion undoubtedly produced at first great intra-ocular pressure, and might have caused the hardness of the globe, so characteristic of Glaucoma, that disease of the eye, which appears to depend upon hyper-secretion within the globe, and in its advanced stages is attended by a stoney hardness. In this case the pressure had displaced the lens, produced opacity of it, caused partial obliteration of the anterior chamber, and finally resulted in atrophy and softening of the globe; these changes having been the final result of extensive extravasation of blood within the globe.

In reply to an enquiry by Dr. Samo, of the probable cause of such effusion, Dr. Miner remarked, that extravasations of blood from accident, such as a blow upon the eye, or even from the concussion of a severe blow elsewhere are common. The choroid is the vascular and pigmentary tunic of the eye-ball, its structure is very delicate and its vessels easily ruptured, extravasation may, therefore, occur from diseases of the eye, which influence intra-ocular circulation, such as glaucoma, choroiditis, or any other disease which should influence the circulation in the delicate vessels of this tunic. Any sudden congestion—such as may arise from vomiting and coughing, might induce it, especially in diseased conditions; sudden relief of intra-ocular pressure, such as is given by making iridectomy in glaucoma, or by the operation of paracentesis for temporary relief of intra-ocular pressure is known to induce hemorrhage; also severe and protracted use of the eye is supposed to act as cause of extravasation of blood within the globe. In many cases, as in the one now presented, the cause is unknown. The blood may be effused, upon either side of the choroid, or into its tissue. If but slight it may produce but transient effect, the product being absorbed, while if of considerable quantity it must cause detach-

ment of, or pressure upon the retina, in either case, producing loss of vision. Many times the effusion of blood into the choroid or between it and the retina may be clearly determined by the ophthalmoscope, but after change in the transparency of the refracting media is produced, no aid can thus be obtained. This case would have been an exceedingly interesting and instructive one, could it have been observed carefully from its first appearance until the time of operation, instead of which, the system was subject to various plans of medication, to suit the views of the practitioners who were in attendance, many of whom treated the case as amaurosis, that name under which was formerly grouped almost all the diseases of the eye resulting in blindness, so amusingly and aptly described by Von Græfe as that "shadowy and uncertain condition, in which the patient sees nothing, and the surgeon also, nothing." Effusions into the globe of the eye are usually of so limited extent, that they are slowly removed by absorption, rarely requiring enucleation or other operative interference; but the pain in this case was so severe, had continued so long, and seemed to be increasing rather than growing less, and the other eye now beginning to suffer from sympathy, he regarded enucleation as the most certain and safe method of procedure.

To the inquiry, if simple puncture, or section of the cornea would not have offered relief? He replied: that possibly it might have offered satisfactory relief; but that, even if in possession of the knowledge obtained by examination after removal, he would regard enucleation much more safe and certain; that by the present methods it was not more difficult or dangerous, and left as good, if not better foundation for artificial eye. But he did not know before operation, the nature or cause of the change which had taken place, and had reason to fear that nothing short of entire extirpation, if indeed that, would afford permanent relief. Irritations in the ciliary region, as in this case, are so liable to induce sympathetic inflammation in the healthy eye, that there should be no hesitancy, as there are no valid objections, to enucleation of the entire globe.

Diphtheria, Scarletina, Typhoid Fever, Whooping Cough and Diarrhoea were reported as prevailing.

B. H. DAGGETT, *Secretary, Pro Tem.*

## Miscellaneous.

### Clinical Experience with Chloral.

TRANSLATED BY ROBERT AMORY, M. D.

Having come across the review by Dr. Bricheteau of the experiments on chloral made by Messrs. Liebreich, Dumas, Richardson, Spencer Wells, Dumarquay and Follet, Dieulafoy and Krishaber, Labbe, Personne, as well as some results of clinical experience by the reviewer, I translate his conclusions for the benefit of your readers, who may not have seen this article, in the *Bull. Gen. de Ther.*, Nov. 30th.

1st. Hydrated chloral, or chloral hydrate, is a powerful sedative to the nervous system, both motory and sensory.

2d. If the hydrate of chloral is not crystalline and very pure, so that in the evolution of chloroform by the addition of potass, there is no brownish color produced in the residuum, it is either without action or may be very dangerous.

3d. A larger dose than 75-90 grains (5-6 grammes) should not be given at any one time to an adult, and to a child the commencing dose should be 15-30 grains.

4th. The preparations of chloral ought not to be made too long before the administration, for they lose their character and become inefficacious.

5th. The administration may be made by the mouth. Baths produce the same effect as when the stomach is used, but the latter is the better method.

6th. Its use should not be employed in patients who have organic disease of the heart or brain.

7th. It is on account of the production of chloroform in the blood, from its alkaline reaction, that the ingested chloral produces sleep and anæsthesia.

8th. It is dangerous in man to employ its hypodermic injection.

9th. The arterial tension is augmented by the influence of chloral, at the same time that a diminution in the frequency of the pulse is produced; this tension diminishes on awaking, as the sphygmographic trace indicates.

10th. The urine during the sleep produced by chloral is neutral; and bailed with Fehling's liquid, it does not reduce at first the copper salts; but the next day it becomes, when the chloral has passed through the kidneys, more dense, and will cause the reduction of the copper salts; this may cause a belief in the presence of sugar in the urine which does not in point of fact exist.

11th. Hydrate of chloral rarely causes vomiting, and never purges.

12th. The temperature is slightly lowered, by doses which are not toxic, which points to its being an algid medicament.

13th. By the hydrate of chloral the cutaneous perspiration is diminished and the skin becomes dryer than in the normal state.

14th. This drug can be precisely dosed for the efficacious production of anæsthesia; whilst in the inhalations of chloroform for the same purpose, the vapor cannot so be dosed. The uncertain use of chloroform vapor makes its use very dangerous.

15th. The action of hydrate of chloral is exactly that of chloroform, but its production is slower, and its duration longer if the chloral is used.

16th. In some patients submitted to the action of chloral there is a muscular and moral excitement similar to alcohol drunkenness; but this intoxication is not disgusting nor disagreeable.

17th. In almost all there is a sleep, remarkable from a very pronounced anæsthesia, and rarely accompanied with hyperæsthesia.

18th. The anæsthesia is proportioned to the dose employed, and in the dose of 30 to 75 grains, according to the age, it is complete, and the cautery of Vienna paste may be used, or even teeth extracted, without causing pain.

19th. Compared with opium, which often causes vomiting, which destroys the appetite, which stimulates, heats, constipates, excites the cutaneous transpiration, produces slowly a heavy sleep, and leaves after awaking a *malaise* from prolonged sleep; hydrate of chloral does not produce vomiting, does not constipate, nor destroy the appetite; it dries and may even cool the skin; it quickly causes a light sleep which lasts some time; finally, on awaking, it leaves no heaviness of spirits nor feelings of somnolence, and can be taken several days in succession.

20th. In a large dose, this drug produces algidity, whilst opium produces heat and diaphoresis.

21st. A dose of 45 to 75 grains can be repeated two or three times a day without inconvenience, and there results two or three times several hours of sleep, separated by a short interval of wakefulness.

22d. As a therapeutic agent, the chloral is sedative to violent pains in gout, to atrocious sufferings from nephritic colic or from dental caries, or from burns. In other words, it is the prime anæsthesia administered by the stomach.

23d. In the cases where a resort to chloroform is made, the chloral can be used to appease the pangs of natural parturition, to facilitate obstetrical operations and to combat puerperal eclampsia.

24th. Finally, it is the most prompt and efficacious remedy to employ in intense chorea, when we wish to cause a rapid cessation to an agitation which of itself threatens the life of the patient.

Why will not some of your readers who have a large obstetrical practice, test its benefit in parturition?—*Boston Medical and Surgical Journal.*

### Inoculation of Tubercle.

The subject of the inoculation of tubercle has been examined carefully by Cohnheim and Frankel. Their experiments were made with guinea-pigs, and they found that the introduction of tubercle from the human subject was followed, if the animal survived long enough, by the development of unmistakable miliary tubercle in the inoculated animal; results which agree with what may be called the positive experiments of Villemin.

They also found, however, that the same result—namely, the development of miliary tubercle—followed the introduction of other substances than tubercle.

Portions of apparently healthy organs, pieces of cancerous tumours, condylomata, sarcomata, pieces of blotting paper, charpie, vulcanised caoutchouc or gutta serena, when introduced into the peritoneal cavity, gave rise to a uniform result, namely, the development of tubercle in the animal subjected to the operation. These results are directly contradictory of Villemin's negative experiments, but agree with those of Dr. Sanderson and Dr. Wilson Fox, noticed in the number of the Journal for August, 1868.

The introduction of any of the substances which were employed was followed by peritonitis, and about one-half of the animals died from this cause in from one to four days after the operation—of course at too early a period to afford any evidence of tuberculosis. In those who survived, the peritonitis became circumscribed, and a tumour with a capsular envelope was formed. Within the capsule the foreign body was to be found, when charpie, caoutchouc, or similar substances had been used, but in no instance was it possible to recognize a trace of any of the portions of the organism which had been introduced, whether normal or pathological. The alteration which the portions of cancer, tubercle, &c., underwent, were so complete as to entirely prevent their recognition, even with the microscope. It is evident, according to the authors, since the systemic infection cannot be the direct result of the inoculation—a fact which is obvious in cases where caoutchouc, etc., have been introduced, and which is in the highest degree probable as regards the introduction of animal substances—that the cause of the phenomena must be sought elsewhere. The really effective agent is the dead and generated pus which is found, in every instance, as the result of the reactive inflammation after the introduction of the foreign bodies. This pus is the true foreign body, and its absorption into the economy is the cause of the subsequent pathological changes.—*Virchow's Archiv.—Dublin Quarterly Journal.—Braithwaite.*

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### Research into the Action of Mercury, Podophylline, and Taraxacum on the Biliary Secretion, etc.

[The following article is a view of Dr. Bennett's pamphlet on this subject, by one of the Editors of the Practitioner.]

An investigation of the action or want of action of mercury and taraxacum in influencing secretion of bile, is something like an inquiry by Dr. Colenso into the authenticity of the Book of Numbers. It is something to make the cheeks of many and many an old-fashioned practitioner turn pale, to shake the whole foundation of his therapeutical creed, to symbolise the end of all things at least as regards drugs. Podophylline is but a juvenile. That podophylline, albeit lauded in no measured terms for its flow-of-bile-producing qualities, should prove a traitor, was a blow which some little exertion of moral courage could enable the believer to survive; but that any doubt should be felt about the capacities of calomel and blue pill, and extractum taraxaci, in "acting upon the liver," must have conveyed a shock in various quarters, from which we should imagine there are many still suffering. The investigation, however, has taken place. It has been conducted by men of proved ability. Its results are here placed before the reader in very intelligible form, and we confess, for our part, that at these results we are not one whit surprised. The experiments clearly show, what careful observation in practice must have taught the unprejudiced, that faith in the cholagogue action of these drugs has been misplaced, that our trust in blue pill from this particular point of view has been as ill-judged as it was strong, and that the days are rapidly drawing to a close when a practitioner of medicine will be able, without subjecting himself to ridicule, to inform his patient that his complaint is "all liver," and requires sundry doses of mercury, podophylline, or taraxacum.

In the experiments adopted by the Committee, dogs were employed. The fundus of the gall-bladder was attached to the abdominal wall, and a fistulous opening made in it through which the whole of the bile, secreted for at least twenty-four hours at a time, was collected. During the five days on which mercury was given, the quantity of bile secreted was diminished to nearly a half of what it was in the period, the average amount of bile secreted was on the whole greater on the days when no mercury was given than on the other days.

Dr. Bennett comes to the conclusion that mercury, when administered so as to impair the general nutrition, lessens the biliary secretion; that given to dogs, in either small, gradually augmented, or in large doses, it does not increase the biliary secretion. He finds that it does not influence it at all so long as neither purgation nor impairment of health are produced.

As regards the other drugs employed, doses of podophylline, varying from two to eight grains, when given to dogs, diminished the solid constituents of the bile, whether they produced purgation or not. Doses which produced purgation lessened both the fluid and solid constituents. Doses of the solid extract of taraxacum, varying from 60 to 240 grains, affected neither the biliary secretion, the bowels, nor the general health of the animal.—*Practitioner*, June, 1869, p. 355.—*Braithwaite*.

## On the Influence of Chloroform in Promoting Cutaneous Absorption.

From a number of experiments detailed in the *Practitioner* for December, 1869, Dr. Augustus Waller, of Geneva, deduces the following :

1. Chloroformic solutions applied to the skin of man and animals are quickly absorbed, and produce local and general results according to the substances employed.

2. Alcoholic and aqueous solutions are either not at all or very slowly absorbed.

3. Chloroform easily traverses the dead skin by diffusion.

4. Alcohol does not traverse the skin, but produces an endosmotic current with water.

5. Skin exposed to chloroform in a state of liquid or vapor absorbs a considerable quantity of it.

6. On traversing the septal skin of the endosmometer, chloroform carries with it a certain amount of any alkaloid dissolved in it.

7. These observations sufficiently explain the rapidity of cutaneous absorption during life, without our having recourse to any problematic influence of sebaceous matter on the surface of the skin.

In the course of his experiments, Dr. W. discovered that it was necessary for cutaneous absorption that the heart's action be not in any way diminished, for if it be, no absorption takes place, even after a prolonged immersion. This is owing not so much to the absence of local absorption in the skin, as to the deficiency in the vascular action; for if we remove the skin of a part that has been immersed, we can detect in its inner surface the presence of the dissolved substance, which, however, from the deficient means of transport in the vessels around, has remained localized and inert in the system.

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## Absorption of Iodide of Potassium by the Skin.

Dr. Ferrand refers to a case of iodism occurring in private practice, as a consequence of the application to the skin of dry iodide of potassium. This fact, besides showing the possibility of the absorption of dry substances by the skin, affords a new means of administration of this important remedy. The case was that of a female who was attacked by inflammatory symptoms in the pelvic region, accompanied with purulent evacuations through the rectum. After a careful diagnosis, it was established that these symptoms were due to the presence of an immense pelvic abscess, occupying all the space behind the uterus and the broad ligaments. Dr. Ferrand wished to combine with the local symptomatic treatment the internal use of iodide of potassium in pretty strong doses; but in a few days very distinct symptoms of iodism obliged him to desist,



although the fitness of the remedy appeared already manifested by a sensible improvement in the condition of the patient. Scarcely had the iodic phenomena ceased, when the readministration of the iodide appeared to be justified; but it became necessary to suspend it again after three days. It was then that Dr. Ferrand thought of the application of dry iodine of potassium. With this view he made the patient put on a shirt which had been previously dipped in a solution of two drachms of iodide, and then dried. After three days this shirt was replaced by a second, prepared in the same manner; but towards the end of the fourth day the iodic symptoms recurred. These symptoms were coryza, lachrymation, a sense of weight and pain over the frontal sinews, a sense of occlusion of the posterior nares, muscular pain extending over the whole region of the neck, constant nausea accompanied with frequent vomiting, and smart fever. All these phenomena corresponded, in fact, with those previously observed during the internal iodic treatment; and although they appeared after a longer lapse of time, when the remedy was applied externally, yet they remained more pertinaciously, showing that if the action of the medicine were a little less prompt, it acted more deeply and persistently than was the case when administered according to the usual method.—*Edinburgh Medical Journal*, Nov., 1869, from *Bull. Gen. de Therap.*—*American Medical Journal*.

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### The Oxyuris Vermicularis.

The editor of the *Boston Journal of Chemistry* in his issue for August, 1869, says:

We are pleased to notice that the views first presented through this *Journal*, regarding the place deposit of the ova of *Oxyuris vermicularis* in the alimentary canal, have reached the sanction of so distinguished an observer and physician as Prof. Venser, of Erlangen. He was the first to observe and recognize trichiniasis in the living subject, and may be regarded as the highest living authority upon all matters pertaining to parasitic animals in man. In his recent report to the Congress of German Naturalists and Physicians, he states that "the ova of pin-worms are only set free in the rectum, near the anus, or after the worms have been discharged from the bowels." Any physician can verify this by taking a piece of silk or linen, and passing it across the external orifice of a child suffering from pin-worms, and examining the surface of the cloth with a lens of thirty or forty diameters. Hundreds of the minute white ova can be seen by the most inexperienced observer. As regards the use of lard or other fats as a remedy, externally applied, we can only say that its entire success is vouched for in numerous cases by physicians and others, and it is worthy of fair, extended trial. The parasite is exceedingly common, and very troublesome and vexatious; and, if the value of so simple and cheap a remedy is fully

established, it will indeed prove a boon to thousands of suffering children and adults. The application should be thorough, and the surfaces of the sphincter muscle fully anointed.—*Reporter*.

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### Treatment of Eczema.

Dr. Erasmus Wilson, F. R. S., (*Journal of Cutaneous Medicine*), after endeavoring to show in the treatment of eczema, that the patient needs repose, quiet, rest, and proper and nutritious food without stint or limit, asks: "What else is to be done? Shall we purge or physic the patient? God forbid. If the bowels are confined, help them with a little magnesia and rhubarb, or manna, or castor-oil; if the patient is emaciated, and exhibits a tendency to waste, the prostration may be checked by cod-liver nerve-restorer, arsenic. Try two minims of the liquor arsenicalis three times a day in the following combination:—R Vini ferri,  $\mathfrak{z}$  iss.; syrupi simplicis,  $\mathfrak{z}$  iij.; liquoris arsenicalis,  $\mathfrak{z}$  i.; aquæ anethi,  $\mathfrak{z}$  ij. Misce. One drachm will give two minims of liquor arsenicalis. It may be administered pure, and just at the end of the meal, so as to be mixed with the meal in the stomach. The physician should watch narrowly the arsenical solution to see that it occasions no nausea, no gripes, and no prostration of power. These are its primary effects when it disagrees with the system, and there are sundry subsequent effects, such as a puffy swelling of the eyelids, the cheeks, or limbs; and later still, congestion of the vessels of the conjunctiva.—*Medical Record*.

## Editorial Department.

### American Medical Association.

The twenty-first Annual Session will be held in Washington, D. C., May 3, 1870, at 11 A. M. The following Committees are expected to report:

On Cultivation of the Cinchona Tree.—Dr. Lemuel J. Deal, Pennsylvania, Chairman.

On the Cryptogamic Origin of Disease with special reference to recent microscopic investigations on that subject.—Dr. Edward Curtis, U. S. A., Chairman.

On the Doctrine of Force, Physical and Vital.—Dr. John Waters, Missouri, Chairman.

On Variola.—Dr. Joseph Jones, Louisiana, Chairman.

On the Relative Advantages of Syme's and Pirogoff's mode of Amputating at the Ankle.—Dr. G. A. Otis, U. S. A., Chairman.

On a National Medical School.—Dr. F. G. Smith, Pennsylvania, Chairman.

On Commissioners to aid in Trials involving Scientific Testimony.—Dr. John Ordronaux, N. Y., Chairman.

On the Climatology and Epidemics of—Maine, Dr. J. C. Weston; New Hamp; shire, Dr. P. A. Stackpole; Vermont, Dr. Henry Jones; Massachusetts, Dr. H. L. Bowditch; Rhode Island, Dr. O. W. Parsons; Connecticut, Dr. E. K. Hunt; New York, Dr. W. F. Thomas; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harris; Missouri, Dr. George Engelman; Alabama, Dr. R. F. Michel; Texas, Dr. T. J. Heard; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antsell; Iowa, Dr. J. C. Hughes; Michigan, Dr. Abm. Sager; Ohio, Dr. T. L. Neal; California, Dr. F. W. Hatch; Tennessee, Dr. B. W. Avent; West Virginia, Dr. E. A. Hildebreth; Minnesota, Dr. Samuel Willey; Virginia, Dr. W. O. Owen; Delaware, Dr. L. B. Bush; Arkansas, Dr. G. W. Lawrence; Mississippi, Dr. W. Compton; Louisiana, Dr. L. T. Pimm; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. J. D. Jackson.

On Veterinary Colleges.—Dr Thomas Antsell, D. C. Chairman.

On Medical Ethics.—Dr. Lewis A. Sayre, N. Y., Chairman.

On American Medical Necrology.—Dr. C. C. Cox, Maryland, Chairman.

To Memorialize State Medical Societies.—Dr. N. S. Davis, Illinois, Chairman.

On Nomenclature of Diseases.—Dr. F. G. Smith, Chairman.

On Medical Education.—Dr. T. G. Richardson, Louisiana Chairman.

On Medical Literature.—Dr. J. J. Woodward, U. S. A., Chairman.

On Prize Essays.—Dr. Grafton Tyler, D. C., Chairman.

Voluntary communications will be presented by—Dr. John Curwen, Pennsylvania.—On the Proper Treatment of the Insane.

Dr. Nathan Allen, Massachusetts.—On the Physiological Laws of Human Increase.

Secretaries of all organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a *member by invitation*, upon the recommendation of the Committee of Arrangements.

W. B. ATKINSON.

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## Items, Selections and Remarks.

BY W. W. MINER, A. B.

The treatment of Syphilis by the hypodermic injection of mercurial solutions has recently been brought to notice, though it was used six years since. Dr. Good, in writing from Paris, says that the injection of Calomel invariably produces abscesses and induration of the parts injected; corrosive sublimate is very much less likely to produce these results. M. Liegeois employs the following solution: Corrosive sublimate, twenty centigrammes; hydro-chlorate of morphine, ten centigrammes; distilled water, one hundred grammes. Mix. Twenty drops of this solution is injected into the cellular tissue twice a day for thirty-five days, and this constitutes the whole treatment. The advantage of this method is that the action of the mercury is rapid and reliable. Pain is, however, caused in the

injected parts, and gastritis often occasioned, but in cases where patients, willing to bear the sting, are anxious to see their secondary symptoms rapidly disappear, he would resort to the hypodermic method.—Prof. Boeck of Christiana, Norway, an eminent syphilologist, has taken residence in New York City, where he is continuing his experiments in syphilization. An article by him, published in the *American Journal of Syphilography and Dermatology* is thus summed up by the editor of the *Gazette*. “Dr. Boeck states :—1. That he only uses syphilization as a curative means and not as a prophylactic, as originally proposed by Auzéas Turenne. 2. That he uses, by preference, the matter from indurated chancre, which must previously be irritated, to obtain efficient inoculations. 3. He does not object to the use of matter from a soft chancre, as experience has taught him that the result is the same. 4. From his diagnostic and curative inoculations, he is convinced of the unicity of the virus of the two forms of primary sore. 5. That during the course of the inoculations, the syphilitic symptoms gradually subside, and as a rule have entirely disappeared when the virus fails to produce appreciable results.

Dr. Stimpson, at a recent meeting of the Chicago Academy of Sciences, reported the results of three months experiments on the preservative qualities of Carbolic Acid as compared with that of Alcohol. He found that a solution containing two and one-half per cent of carbolic acid, gave a fluid that equalled alcohol in the preservative power, and at less than one-twentieth its cost. While such a solution leaves the specimen intact and perfect, a solution of five per cent strength, (which is almost a saturated one) will soon destroy it. The specimen should first be placed in a solution of one-half per cent strength, which may be daily changed for a stronger one.—The vulcanized rubber plate in which artificial teeth are now commonly set, is said to be injurious to health on account of the vermilion or mercuric trisulphide which is used to give the flesh color to it.—There are eight institutions in the United States for the training of idiots. The largest is at Syracuse, N. Y., and it has 150 pupils.—*Pacific Medical Journal*.

Dr. Von Graefe has returned to Berlin from his tour in search of health, in Italy, greatly benefitted, and as enthusiastic as ever. — M. Ricord has been officially appointed consulting physician to the Emperor. — A movement is being made for the placing of a bronze statue of Harvey, in Central Park, New York City.—Dr. Erasmus Wilson has received the appointment of Professor of Dermatology in the Royal College of Surgeons, England. His *Journal of Cutaneous Medicine* was discontinued in January. — Nelaton calls Napoleon's disease “vesical hemorrhoids.”—One hundred and fifty babies have been left in the basket at the New York Foundling Asylum since the twentieth day of November last.

A method of concentrating sulphuric acid without the use of platinum stills has been devised by M. Costello. It consists in letting the acid drop through a heated tower among bits of silica. — A galvanic battery, whose elements are zinc, peroxide of manganese and hydro-chlorate of ammonia, is said to be in extensive use in Europe. — During the storing of potatoes in the cellar, up to January, the amount of starch is increased; towards spring it diminishes on account of its change into glucose and dextrine.—*Pharmacist*.—Washington University, Baltimore, graduated a class of forty-eight physicians in February.—Seventy medi-

cal degrees were conferred by the College of Physicians and Surgeons, at New York, last month.—The University of Louisville conferred the degree of M. D. upon ninety-two graduates, March 1st.

The Parisian authorities have prohibited the use of copper salts in pickles and aniline in confectionery.—Small-Pox is prevailing in Paris.—The Senate, notwithstanding the efforts of Mr. Sumner, by a small majority, voted not to repeal the charter of the Medical Society of the District of Columbia.—An effort is being made to establish a Presbyterian Hospital in Philadelphia.—The *Pall Mall Gazette* states that a young woman has died from the effects of chloroform, at Hospital at Alloa, the administrator having been Sir James Y. Simpson.—The first to make human dissections, was Vesalius, of Spain. He was sentenced to the Holy Land, and died at sea on his return homeward. To the illustrious Velpeau we owe the first attempts at making anatomy a science.—*Record*.—A materialistic surgeon of Paris recently exhibited to one of his friends, an instrument the handle of which was carved in bone. "Do you know," he asked, "of what this handle is made?" "Of ivory, I suppose." "No," said the doctor, while tears almost choked his voice, "it is the thigh-bone of my poor aunt."—*Reporter*.

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### Suit for Malpractice.

We have recently had an opportunity to defend our practice in a case of oblique fracture of the bones of the leg, in the person of a pauper we attended, because a neighbor represented that five doctors had visited her and left without dressing, urging us "for God sake to go and set the poor woman's leg." It was shown on the trial that our dressings were removed by a neighbor, night and morning, that several *quacks* besides ourselves were also in attendance during nearly the entire period of treatment, that the leg was perfect in every other respect except  $\frac{3}{4}$  to  $\frac{7}{8}$  inch shortening, this being as little as could be expected in any case of so great obliquity; that the care was ample and satisfactory in every respect. It was also shown that the leg was as capable of service as ever, though patient still used crutch and cane, when out on the street, but could carry water, even up stairs without difficulty when at home. She had a vegetable doctor and a cancer doctor who testified to shortening and dressing and various other items, showing to the most unoberving that they knew nothing at all about it. Her only point was a crutch and cane, which had been carried a whole year in order to have them on hand as evidence.

There was nothing in the case of any professional interest, only the simple illustration that physicians are liable to the expense of defense, in cases where there is not the slightest ground for complaint. This condition has long been recognized, and has been believed to grow mainly out of want of fidelity to each other, on the part of the members of the medical profession. We have formerly, in Buffalo, suffered from this cause alone, personal quarrels and jealousies in the profession being the main spring of action and the corner stone of strength.

We are happy to announce, for the honor of the profession in Buffalo, that no "roots of bitterness" were shown, that the testimony of the regular profession on

both sides of the case, was harmonious, and to the entire justification of the practice adopted, and the perfection of the results obtained. To be able to speak thus is a pleasure in which all right minded physicians will participate.

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We have lately received from Dr. Jerome Kidder, one of his electrical instruments, designed for physicians who desire to make use of electricity as a therapeutical agent. In Europe, and especially in Germany, great attention is being given in the direction of electro-therapeutics, and it is claimed with great earnestness, that satisfactory results have been attained. While our personal efforts in this direction, heretofore, have not been remarkable for success, still we are not ready to denounce more accurate experimenters and their carefully stated observations. Dr. Kidder's machine is recommended by the authors as being the one which affords both the direct and the induced currents with their modifications.

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## Books Review.

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*Sleep and its Derangements.* By WM. A. HAMMOND, M. D.

No question in human psychology is, perhaps, more mysterious, and no explanation more desired than such as regards the philosophy of sleep. A glance at the book before us is sufficient to show that it eminently possesses the quality of being interesting, and a careful examination reveals the fact that the work merits the title of scientific; it is comprehensive, yet in no degree superficial. The authors investigations as to the physiological condition of the body in sleep are decisive, and the results are worth being known by both practitioner and student. We quote some important points :

"It is important to understand clearly the difference between stupor and sleep, and it is very certain that the distinction is not always made by physicians; yet, the causes of the two conditions have almost nothing in common, and the phenomena of each are even more distinct. 1. In the first place, stupor never occurs in the healthy individual, while sleep is a necessity of life. 2. It is easy to awaken a person from sleep, while it is often impossible to arouse him from stupor. 3. In sleep the mind may be active, in stupor it is as it were dead. 4. Pressure upon the brain, intense congestion of its vessels, the circulation of poisoned blood through its substance, cause stupor, but do not induce sleep. For the production of the latter condition a diminished supply of blood to the brain, as will be shown hereafter, is necessary.

"Perhaps no one agent so distinctly points out the difference between sleep and stupor as opium, and its several preparations. A small dose of this medicine acting as a stimulant, increases the activity of the cerebral circulation, and excites a corresponding increase in the rapidity and brilliancy of our thoughts. A larger dose lessens the amount of blood in the brain, and induces sleep. A very large dose sometimes diminishes the power of the whole nervous system, lessens the

activity of the respiratory functions, and hence allows blood which has not been properly subjected to the influence of the oxygen of the atmosphere to circulate through the vessels of the brain. All its effects are due to its influence on the heart and blood vessels, through the medium, however, of the nervous system. This point can be made plainer by adducing the results of some experiments which I have lately performed.

*Experiment.*—I placed three dogs of about the same size under the influence of chloroform, and removed from each a portion of the upper surface of the skull an inch square. The dura mater was also removed, and the brain exposed. After the effects of the chloroform had passed off—some three hours subsequent to the operation—I administered to number one, the fourth of a grain of opium, to number two one grain, and to number three, two grains. The brain of each was at the time in a perfectly natural condition. At first the circulation of the blood in the brain was rendered more active, and the respiration became more hurried.—The blood vessels, as seen through the openings in the skulls, were fuller and redder than before the opium was given, and the brain of each animal rose through the hole in the cranium. Very soon, however, the uniformity which prevailed in these respects was destroyed. In number one the vessels remained moderately distended and florid for almost an hour, and then the brain slowly regained its ordinary appearance. In number two the active congestion passed off in less than half an hour, and was succeeded by a condition of very decided shrinking, the surface of the brain having fallen below the surface of the skull, and become pale. As these changes supervened, the animal gradually sank into a sound sleep, from which it could easily be awakened. In number three the surface of the brain became dark, almost black, from the circulation of blood containing a superabundance of carbon, and owing to a diminished action of the heart and vessels it sank below the level of the opening, showing, therefore, a diminished amount of blood in its tissue. At the same time the number of respirations per minute fell from 26 to 14, and they were much weaker than before. A condition of complete stupor was also induced from which the animal could not be aroused. It persisted for two hours. During its continuance, sensation of all kind was abolished, and the power of motion was altogether lost.

“The condition of the brain during stupor is very different from that which exists during sleep; in the one case its vessels are loaded with dark blood, in the other they are comparatively empty and the blood remains florid. I think it will be sufficiently established in the course of these remarks, that sleep is directly caused by the circulation of a less quantity of blood through the cerebral tissues than traverses them while we are awake.

“During sleep the three great divisions of the mind are differently affected. 1. Feeling, embracing sensation and emotion, is suspended, so far as the first is concerned; but it is in full action as regards the second. We do not see, hear, smell, taste or enjoy the sense of touch in sleep, although the brain may be aroused into activity and we may awake through the excitations conveyed to it by the special senses. The emotions have full play, unrestrained by the will and governed only by the imagination. 2. The Will or Volition is entirely suspended.

3. The Thought or Intellect is variously affected in its different powers. The imagination is active and the memory may be exercised to a great extent, but the judgment, perception, conception, abstraction and reason are weakened, and sometimes altogether lost."

The subjects of dreams, somnambulism, wakefulness, somnolence, etc., are considered at length, and the book cannot fail to interest all who obtain it.

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*Annual Report of the Board of Regents of the Smithsonian Institution, for the year 1868.*

In addition to the official reports, this volume presents in the appendix, memoirs of Cuvier, Oersted, Encke and Hodgkinson; a notice also of the life and scientific attainments of Schonbein, the discoverer of Ozone, gun-cotton, etc. Papers are also published on the recent progress in, and principles of the theory of heat, on the continuous vibratory motion of all matter, ponderable and imponderable, and on radiation, by Tyndall. The efficiency of the Institution seems to be on the advance, and the number of its supporters are increasing. Prof. Henry, the Secretary, states that the Institution has received into its charge all specimens belonging to the Army Medical Museum, which properly relate to ethnology, while in turn, it has entrusted to the charge of the Surgeon General, its large collection of Crania and also all its specimens pertaining to anatomy, physiology, medicine and surgery. Our Army Medical Museum, on the best French authority is said to be the finest of its kind in the world. The volume of the Report contains much valuable information, and will be sought for by the scientists of our country.

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*The Physiology of Man.* By AUSTIN FLINT, JR., M. D.

This volume, the third in the series, is upon "Secretion, Excretion, Ductless Glands, Nutrition, Animal Heat, Movements, Voice and Speech," this being the completion in the three volumes now published, of all the subjects belonging to human physiology, that are usually taught in medical schools, or are treated of in systematic works, except the functions of the nervous system and the processes of generation and development. As to the prospects of the remaining volume, the author says, "he has no apology to make for the apparent delay in the issue of the present volume. His labor upon it has been almost unrelenting since the issue of the volume upon Alimentation, Digestion and Absorption; and his chief endeavor has been to make it represent faithfully the existing state of the science, without sparing time or pains. All he can promise is, that the remainder of the work will be prepared with equal care, and it is hoped, within a shorter interval."

It will be remembered that some of the subjects taken up in this volume, have received from the author, special investigation, by original experiments, which have developed new facts of great value, one of the most important of which is the discovery of an excretory function of the liver, that has never before been described, and the mechanism of glycogenesis, which seems also to be now settled. The French *Academy of Sciences* awarded the author a prize for his investigations upon the excretory functions of the liver, and after endorsement by this society, he



may, very naturally and properly speak with great confidence upon the subject. This volume fully sustains the high opinions everywhere expressed of this work, which, when completed, will be found the most comprehensive, scientific and complete work upon human physiology.

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*On the Physical Basis of Life.* By T. H. HUXLEY, L. L. D., F. R. S.  
CHARLES T. CHATFIELD, New Haven.

This is a discourse originally delivered in Edinburgh, Nov. 18, 1868, and was subsequently published in London as the leading article in the *Fortnightly Review* for February, 1869, attracting so much attention that five editions of that number of the Magazine have already been issued. The author is Thomas Henry Huxley, of London, Professor of Natural History, in the Royal School of Mines, and of Comparative Anatomy and Physiology, in the Royal College of Surgeons. He is also President of the Geological Society of London.

In this discourse the author attempts to show that life has a physical basis—protoplasm being the scientific name for the substance which may be regarded as the physical basis of life. He proceeds to show the relations between the plant and animal, and that both spring from “protoplasm.” He says: “Traced back to its natural state, the nettle arises as the man does, in a particle of nucleated protoplasm, and in the lowest plants, as in the lowest animals, a single mass of such protoplasm may constitute the whole plant, or the protoplasm may exist without a nucleus. Under these circumstances it may well be asked, how is one mass of non-nucleated protoplasm to be distinguished from another? Why call one “plant” and another “animal?” The only reply is that, so far as form is concerned, plants and animals are not separable, and that, in many cases, it is a mere matter of convention, whether we call a given organism an animal or a plant.”

Commencing to quote this author, we cannot find place to stop, for the whole discourse is full of thought and suggestion. It cannot, as yet, be said that the sources of life have been discovered, but it would appear as though the finger of discovery was about to point it out. This discourse is upon the *question of the times*, and every thinking mind will be most deeply interested in the perusal. It may be obtained of the publisher, Charles Chatfield, of New Haven, Conn., and we earnestly advise our readers to carefully peruse it.

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*The History of Four Cases of Chronic Inversion of the Uterus, with an account of an Operation designed as a substitute for Amputation.* By T. GAILLARD THOMAS, M. D.

This is a monograph upon the subject of Chronic Inversion of the Uterus, giving the history of this condition from the earliest account of it, to the present time, together with the various methods of treatment which have been proposed, and the results of reported cases. He relates his cases and gives the following statement of what he would do in a case of Chronic Inversion:

“In a case presenting itself for the first time for treatment, I should use belladon-

na and the warm douche for a week, so as to relax the uterine tissue as far as possible, and then for another week employ pressure by means of a caoutchouc bag filled with air or water. After this I should employ taxis, for a period not exceeding one or two hours, once, or at most twice a week, in the meantime keeping up vaginal pressure by the caoutchouc bag, or, if the fundus were returned within the os, by closure of this after Emmet's method.

"Having failed with these measures, *and not before*, I should resort to abdominal section, modifying the operation which I performed in the following manner. Instead of employing a dilator of two limbs, I should employ one of four; and instead of dilating by the hand applied to the handles, I should distend the instrument by screws. Having distended its four limbs, I should keep the instrument in place for twenty-five or thirty minutes, so as to wear out the tendency to contract before any efforts at reduction were made. Even then, before removing the dilator, I should introduce between its limbs something which would exert a counter-pressure against the hand placed in the vagina."

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### *Surgery of the Cervix in connection with certain Uterine Diseases.*

By THOMAS ADDIS EMMETT, M. D.

We call attention to the first statement made by the author with great pleasure. "Division of the Cervix for the relief of Dysmenorrhœa and Sterility has been a favorite practice for years past with many of the profession. Scarcely any operation in surgery, however, has been proposed, where so little judgment, as a rule, has been exercised, and where its indiscriminate practice has even amounted to malpractice. A re-action has slowly taken place in the views of the profession regarding this operation, but from one extreme we fall into the opposite error, as we have certain conditions of the Uterus, which cannot be relieved otherwise than by a division of the Cervix." We give this much of a quotation, leaving our readers to draw their own inferences. Our author proceeds to discuss the feasibility and propriety of the operation, and describe the conditions when it may be made with advantage.

Upon the question of the removal of the uterine neck, he says: Amputation of the Cervix is unnecessary except for removal of malignant disease or elongation of the neck, where the excessive growth is sometimes several inches. In conclusion, he speaks of the practice "too common" to direct treatment to the observed conditions of the neck, when in reality this is only the outcropping of the disease within the canal. The pamphlet is instructive, and practitioners will do well to read and ponder.

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### *The Physical Life of Woman: Advice to the Maiden, Wife and Mother.* By GEORGE H. NAPHEYS, A. M., M. D.

This book comprises a popular discussion of many subjects which the curious of both sexes are anxious to know about. The author has introduced a great variety of topics, and for the most part, his teachings are according to the

best modern authors, the text being translated into popular style, so as to be within the comprehension of all.

We do not think that it is really desirable to instruct the ladies of our country in all these matters, but perhaps it is difficult to keep them in ignorance, and so better to have them understand the truth, than believe in error. There are no subjects connected with the virtues or sins of mankind which are not now publicly and popularly discussed and illustrated; we may fairly be said to be without secrets or privates. If as well thus as any way, then this book should be in the hands of fathers, mothers, sons and daughters.

## Books and Pamphlets Received.

**A Practical Treatise on the Diseases of Children.** By J. Foreyth Meigs, M. D., one of the Physicians to the Pennsylvania Hospital; Consulting Physician to the Children's Hospital, etc.; and William Pepper, M. D., one of the Physicians to the Philadelphia Hospital. Lecturer on Morbid Anatomy at the University of Pennsylvania, etc. Fourth edition [Meigs on children] Revised and enlarged. Philadelphia, Lindsay and Blakiston. Received through T. Butler & Son.

**A Practical Guide to the study of the Diseases of the Eye.** Their Medical and Surgical Treatment. By Henry W. Williams, A. M., M. D., Ophthalmic Surgeon to the City Hospital, Boston; University Lecturer on Ophthalmic Surgery in Harvard University; President of the American Ophthalmological Society, etc. Third Edition revised and enlarged. Boston: Fields, Osgood & Co.

**The Physical Life of Woman.** Advice to the Maiden, Wife and Mother. By George Napheys, A. M., M. D., Member of Philadelphia County Medical Society; Corresponding Member of the Gynecological Society of Boston, etc. Philadelphia: George McLean.

**The Cell Doctrine.** Its History and Present state. For the use of Students in Medicine and Dentistry. By James Tyson, M. D., Lecturer on Microscopy, in the University of Pennsylvania, and on Physiology in the Pennsylvania College of Dental Surgery, etc. Colored Plate and Illustrations. Philadelphia: Lindsay and Blakiston. Received through T. Butler & Son.

**Modern Therapeutics.** A Compendium of Recent Formulas and Specific Therapeutical Directions. By George Napheys, A. M., M. D. One of the Editors of the Haly-Yearly Compendium of Medical Science; Chief of Medical Clinic of Jefferson Medical College, etc. Philadelphia. S. W. Butler, 115 South Seventh Street.

**Relaxation of the Pelvic Symphyses during Pregnancy and Parturition.** By Frederick G. Snelling, M. D. Reprinted from the American Journal of Obstetrics, February, 1870.

**New Facts and Remarks concerning Idiocy.** A Lecture delivered before the N. Y. City Medical Journal Association. By Edward Seguin, M. D.

**Reports of the Trustees and Superintendent of the Butler Hospital for the Insane.** Presented to the Corporation at their Annual Meeting, January 26th, 1870. Providence, R. I.

**Constitution, By-Laws and List of Members of the Genesee County Medical Society,** together with the code of ethics of the American Medical Association. Batavia, N. Y., 1869.

**Report of the President Physician of Brigham Hall, a Hospital for the Insane,** for the year 1869. Canandaigua, N. Y.

**Review of Dr. Ruppner's case of Laryngo-Tracheotomy.** By Lewis A. Sayre, M. D.

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VOL. IX.

APRIL, 1870.

No. 9.

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Original Communications.

ART. I.—*Address before the Graduating Class of the Medical Department of the University of Buffalo, on the occasion of the Annual Commencement, February 22, 1870.*

By WALTER CLARKE, D. D.

GENTLEMEN OF THE GRADUATING CLASS:

For some reason, that to me is as mysterious as medicine, your instructors have changed the custom of former times, and, instead of selecting one of their own number to address you this evening, have taken counsel of ancient example, and asked me to give them of my oil. Whether it was some discovered defect in their lamps, which I do not, you will observe, insinuate; or whether, having experimented on former classes with wisdom dispensed in allopathic measures, they conclude to change the treatment, and administer it to-you to-night in pellets; or whether they had seen that in your conduct which suggested the need of a theological tonic—unaccustomed as I am to the dissection of a doctor's reason, I leave these otherwise interesting inquiries among the unsolved problems of the day. And yet, to justify the sagacity that, in its straits, sought access to my can, I ought to tell you that, if the customary wicks did decline to burn on this occasion, and your teachers wanted the aid of one whose large experience of like disaster made him sympathetic in the extreme, they ring at the right door, when, of a cold night in December, they called at the parsonage in Washington street.

But I must give you gentlemen, an address of congratulation,

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and, if you will receive it from a well disposed stranger, of counsel to-night. What shall it be? Of what shall I speak to you on the joyful occasion of your leaving the class-room for the patient, and exchanging the lecture for the fee? You have had your fill, I presume, of therapeutics and materia medica; and, were it otherwise, I could not help you. I do, indeed, deal much with skeletons; but as they are of a kind that handle the living, and do not allow the living to handle them, I dare not venture, for your sakes, to expose you to them, or for their sakes, to expose them to you.

Would it assist you to enter more hopefully upon your profession, if you should, for a few moments, look at it through other than doctors eyes? Perhaps it was to give opportunity for friendly suggestion from without, that one not of your guild was chosen to deliver this parting address.

To us, your seniors, who have served in our several callings till we understand their demands, either of the three great professions, and yours especially, is a very different thing now from what we imagined it when, with youthful fancies, we compared their merits and made election of our favorite. Then we were like girls yielding to the solicitation of their suitors. What we accepted as servants, we have as masters. History has seen tyrants innumerable, but none that were more exacting than a profession, whether it be medicine, or divinity, or law. And it is well, young gentlemen, that, if you have had till now romantic conceptions concerning the life upon which you are so soon to enter, you should lay them off at the threshold of the coming reality. However they may help the student, they only encumber the practitioner. A profession, especially in our country and age—and your profession more than any other—is not an easy chair, in which you can lounge for life; nor a cushioned conveyance, in which you can roll on smooth pavements to wealth and greatness; nor a limber lackey, whom you can master and employ at your will. From the time you enter it, you are its slaves. It will feed or starve you; give you work or deny it; set you down where it will; help or hinder, comfort or torment you; lean over your chair by day, your pillow by night; listen to no complaints; accept no denials. Sleep, sickness, fatigue, the duties of society; the calls of literature; the cares of home; considerations that avail with other tyrants, will go for nothing

with yours. I am glad, gentlemen, that there are better things to be said of your profession than that it is supremely despotic. And if I remind you of its exactions, it is not to depress your enthusiasm, but only to prepare you for a more courageous, and therefore more hopeful beginning. You cannot negotiate with your calling. If you take it at all, you must take it as it is. It has no need of masters. What it asks is servants. You have given attention to its lessons; equipped yourselves with its qualifications; finished your probation, and are ready to enter on your work. No, gentlemen, not yet. One thing more, or you will incur early disappointment and ultimate failure. Can you devote yourselves to your profession? As if it were a waiting altar, can you lay upon it the consecrated body, the consenting mind? Not to faith alone nor to virtue alone, nor to the service of Christ alone, is sacrifice the only gate of entrance. We must accept our various callings upon the same inexorable conditions, if we would enter them with hope.

It should be a matter of serious consideration with every young man, crossing the threshold of an untried profession, that, whatever he is to be in after life, he is to become by means of his chosen calling. The several pursuits in which men engage are so many stairways, on which, if they slope upward, we are to climb to greatness; if they bend downward, grope to darkness and contempt. Each of us may select on which to set foot; but the calling once chosen, our fate is in it, and we must be what our work shall make us. You have selected for yourselves, gentlemen, one of the noblest of all human arts; and wherever it may lead you, it has every needed appliance with which to energize, develop and ennoble you. Summoning to its service all the hidden powers of intelligence and sound judgment, calling into daily exercise the susceptibilities of a warm and generous heart; offering abundant scope for personal improvement and a boundless field for professional research; enlisting in its tasks the senses of sound, and sight, and touch, unfolding in this way the whole man and employing those united powers on the best subjects and for the best ends; if there be a calling in the whole round of human activity which can make its subjects well developed and great, and ought to do it, it is the practice of medicine. Behold, then, your opportunities, young gentlemen, and with them your limitations also. If your powers are to expand at all,

they must expand like growing vines on the trellis to which they have been made to cling. Let the sculptors be great with the chisel, the painters great with the brush, the astronomers great with their glasses, the statesmen great in council, the preachers in discourse, the warriors in arms, the financiers in incomes; for you it is reserved to be great only as doctors. And you may well be content with your lot in this respect, though it offer you but a single pathway to distinction. It has noble work to be achieved, noble attainments to be reached, and noble satisfactions with which to reward its pupils. But beneficent as is your calling, and rich in rewards for the worthy, it is at the same time a steep ladder, at whose feet lie all the idlers—whose summit is accessible only to those who have the energy and the will to climb.

There is a subtle and a very powerful temptation, gentlemen, which, in common with all who go into professional life, you will soon encounter, and which, unless you detect and dispel it in time, will possess and paralyze you. I mean the disposition to regard your calling as an unpleasant necessity—an irksome but indispensable way of earning your bread. Nothing in life is more imperious, perhaps, than this business of earning one's bread; at the same time, nothing but vice more effectually belittles us, than seeking bread, as the supreme and all-comprehensive aim. The characteristic of great minds is, that, however unpretending their work, they idealize, and in that way, ennoble it. They are not makers of anything—they are fathers. The products of their heads and hands, if not their children, are their deities or their brides. Here is the distinction between what is true art and what is only a trade. Here is the dividing line between genius and machinery. The man who sketches landscapes, carves statues, constructs poems, links together the notes of music, having in mind, not the beauty and joy of his work, but only the market and the prices, has lost the last spark of his manhood, and become an engine for coining copper. He, on the other hand, who hammers the hot iron, turns the heavy clod, sharpens the axe, or swings the scythe, attracted not by the coming compensation, but by the consciousness of creative power—he is the true artist. There is little in your profession, gentlemen, your tedious vigils, your toilsome rides, your endless and wearisome routine, to keep alive your enthusiasm. And

if you fix attention mainly on your fees—these are not the fuel with which ambition burns. But if you wed medicine as an art, love it for its own sake, seek your chief reward in finding its secrets and developing its powers; if it be to you, like virtue, its own sufficient reward—like beauty, its own supreme attraction—you will lose the drudgery, gain the bread, and, what is far more, experience the joy of life-long fellowship with an ennobling art.

You are greatly superior to those who have gone before you, gentlemen, if you do not need to be reminded, in this farewell interview, of the unwisdom of regarding the philosophy of your profession as already complete and immutable. The oldest of all the sciences, yours is at the same time the least mature. Not because it is a duller scholar, but because it has a longer lesson. Inside the frame of any living babe there are ampler treasures of knowledge, whether we have regard to mass, variety or practical worth, than the telescope can find within the whole circuit of the skies. Long ago the astronomers had read all that nature had inscribed for our information on the shield of Hercules, the disc of Neptune, or the forehead of the Northern Bear; but when will physiology find the bottom of any cell, exhaust the contents of any drop of blood, or extract its secrets from an atom of the brain? The mysterious element of life that operates unseen in all the phenomena which you are called to inspect, is enough of itself to postpone to another century the completion of an accurate code of disease and cure. In the march of modern science the van is given to mathematics—the rear to medicine. Nor is the humiliation of an incompleated science your only inconvenience in this behalf. Ours is an age of dominant dogmatism; and dogmatism is as popular as it is rife. Go where you will to find employment, you will encounter a score of confident boasters for one who is desirous still to inquire. We are accustomed to congratulate our age as the happy era in history when, for the first time, the oracles of superstition have abandoned themselves to silence and forgetfulness. But they are mute only to give place to the noisier clamor of the sybils of science. For both these reasons it will be difficult for you, young gentlemen, to stand beside mathematicians, mineralogists and experts of all kinds, and, while they assume the style of assurance, exhibit on your part the modesty of a profession which yet has



something to learn. "This is nitre," says the chemist; "give it three parts of sulphate of iron and five of common salt, and, without any possibility of, another issue, it will become nitro-muriatic acid." And "this is the ninth digit," says the mathematician; "add to it five and two and twenty, and you will have for your result, and no mistake, a score, half a score, and six." Alas, for you! You are a doctor, and it is your turn next. Can you tell what to mix with this typhoid fever, and in what proportions to make of the compound soundness and strength?

It will only aggravate your disadvantage if you condescend to take example of ancient models, and conceal imperfect knowledge under the mask of wise looks, impressive silence, or unintelligible phrases. There is a time in early morning when from scarcity of light, the effigies of the cornfield seem so many veritable giants. So in the dawn of popular intelligence, the face of an owl may be supposed to possess the ken of an eagle. But you were born, gentlemen, too late in the nineteenth century, to hope for shelter or assistance from professional airs. What, then, shall you do? I give you my advice. Let those who imagine that they have attained to premature omniscience recite their formulas and do all the dogmatizing. For yourselves, be content to know what you can know, and for the rest substitute for easy pretension, patient and protracted research. Nobody expects you to know everything about disease or its cure. Nobody asks you to outrun the revelations of your slow paced art. So long as your patients shall discover that you are students and not pretenders, explorers and not oracles, builders of knowledge, and not boasters merely, they will confide in you, honor you, and pay you. Nor is the immaturity of the medical art a ground of humiliation alone. In another view it is an argument of joy. So long as there is ore in the cave the miners must pursue their work. And if there be weariness in the labor, there is, also, be it remembered, wealth in the result. That will be a sad day to any of the sisterhood of study—to astronomy, to chemistry, to art in either form—when the goal is reached, the material gathered, and there is nothing left but to remember and rehearse and lounge eternally in the lap of the unproductive past. "If the Almighty should offer to me," said Lessing, "in his right hand truth and in his left hand the search for truth, and command

me to make election between them, I would throw myself eagerly to the left and say : Father, grant me this and keep the other for Thyself." Of all the fields of scientific research open to the student of to-day, I know of none that offers more attractive, more important, or more certain rewards, than that to which you are devoting your lives. Every new patient is a new study. Every recurring symptom, a new revelation. To explore to its bounds, the action of temperament upon disease and its antidotes ; to trace the influence of imagination as it throws auroral light upon the inner life, tinging with prismatic hues the symptoms alike of sickness and health; to follow to their source the ten thousand hereditary predispositions and causes ; to determine the sanitary force of the passions and the will ; to estimate with accuracy the influence of habit and outward condition ; to detect the union of similar, the transposition of different types, and track the myriad changes, through which disease may pass : to push inquiry thus on a thousand inviting lines, and come back to your Alma Mater, from year to year, as the spies of ancient Israel, bearing clusters from the land of promise. There is nothing in being able to say four times four is sixteen, or so far off is Venus, or so much hydrogen with so much of something else is water, to compare with this. Be it so, that like a faithful guardian, your profession gives you only an allowance, so that compared with heirs, and especially with prodigals you can be neither lavish nor proud. Your estate is ample ; your title perfect, and when the time comes, medicine shall be pronounced not the oldest only, but the richest of all the legatees of science.

The teachers of your profession have kindly reminded us whose business is the cure of souls, and I confess there was need of this warning, that in our too exclusive attention to the spiritual part of man, we overlook the fact that he has a body as well. Into all the mental moods and aspects, they say, somewhat of the flesh will filter, and the flow of religious feeling, like the current of river or brook, will catch the tinge of the earth through which it is compelled to pass. May I not suggest, young gentlemen, a kindred peril on your side. The tendency of all your studies, as you have doubtless perceived, is to account for whatever appears in body or brain by attributing it to a vital force. In other words, if theology

is tempted to ignore the physical part of man, in its too engrossing attention to the spiritual, physiology and anatomy are in danger of overlooking the soul in their intent contemplations of its vesture. It cannot be questioned that the body contributes largely to what is contained and experienced in the mind. Is it not equally true, that the mind contributes much of what it suffers and enjoys to its neighbor the body? And if they whose profession devolves on them the cure of what is spiritual in man, err when they refuse to take into account the influence of his senses, sensations, and nervous tissues, do they err less, who, having in charge his body, treat it as if it were complete in itself. I know not which the future would have cause more to lament, were we of the clergy to forget that men have bodies, or you of the medical class, to ignore the presence of their souls. We must do neither; but standing on opposite sides of the same object, we must penetrate it—you, till through the material you discern the spiritual—we, till through the spiritual we behold the material, for so only can we reach and heal the whole man.

I shall possibly do you a service to-night, by drawing your attention, for a moment, to a fact familiar to men outside of your profession, familiar perhaps to yourselves, that the powers which a physician can ill afford to lose, are those which practice is most likely to blunt—I mean his large and quick sympathies. By a well known law of nature, familiarity with suffering gradually abates the sense of it. By another law, excessive sympathy destroys the power to help the distressed. By the operation, I doubt not in many cases by the unperceived operation of these two causes, many a physician loses in practice as fast as he gains in skill. Occupied with symptoms, indifferent to sufferings, intent, persistent and resolute, before he knows it, skill and purpose are begirt with an investiture of ice, and the practitioner handles with the same indifference his living patient and his lifeless tools.

Be assured, gentlemen, you will miss many of the most precious possibilities of your profession—if of oversight, or consent or any other cause, you cease to be medical men, and become only medical figures in stone. For yourselves, sympathy will be ever a new sense with which to explore disease; while for your patients it will be ever a new medicine with which to mitigate and heal it. What

**GOETHE** said of the sense of beauty, has equal application to the point in hand. "Man," wrote that greatest of the German poets, "is so inclined to deliver himself up to the commonest things—mind and sense are so easily blunted to the impression of genuine beauty, that we ought in every way to preserve the power of feeling. And since no one can utterly lose the faculty, neglecting to use it is the only reason that so many find pleasure in ugliness. We ought, therefore, at least once a day, to listen to a little song, read a good poem, view a fine landscape, and if it were possible to do it, speak a few sensible words." Not for a day will one of you allow his surgical instruments to be rusted or dull. It will pay you, gentlemen, to keep your sensibilities in equal repair.

Have I need, on an occasion like this, to say a word regarding that grossest and most brutish of all the forms of professional apathy—bluntness and ill-breeding. Some men are born boors. They not only neglect good manners—they even despise them. We have a few such bumpkins (I speak in a catholic and not a sectarian sense) in our pulpits, sorrowful to say. It is reported that some of them have strayed into your profession, and got access to the chambers of the sick. To how many a timid child, or delicate woman, therefore, is the chief terror of disease, the anticipated tread of the heavy foot, sight of the slovenly dress, touch of the wooden fingers of the awkward but inevitable doctor. No physician is under moral obligation, perhaps, to be an Apollo. Nature having originally two gifts, beauty, and the admiration of beauty, consulted our wishes, and lavishing the former on the softer sex, left us to get on as we could with the latter. It may be impossible for some of you, gentlemen, I say it with becoming commiseration, to be handsome. If so, and birth denied you the boon of beauty, do not, I pray you, by making yourself fops, demonstrate that it withheld brains also. I said that we of the rougher sex were early disinherited of beauty. No, I correct the false suggestion. Denied the grace of person, we were compensated by the higher charm of possible gentleness of mien. Accordingly there is no deformity of figure, and no defect of education, and no blemish that time can inflict on our sex, that may not be covered and made beautiful by the enamel of elegant manners. We need well-bred men everywhere—in Congress, in the Court room, in the street cars. We need them especi-

ally in the sick room. You have adopted of late, the admirable device of sugar coating. Your patients like it. Many a disgusting drug, the dread of our brave ancestors, is palatable now by reason of its smooth and saccharine surrounding. Would it do any harm to extend the charming experiment, and try its powers on the acrid practitioner, as well as on the offensive and distasteful pill?

It was understood, I believe, between the parties negotiating for this address, that whatever liberties of discourse I might for the moment arrogate, if I went the length of heresy even, my body should still be safe from the hands of the dissector. I venture, therefore, in a timid way indeed, to offer you a hint or two on the subject which, as an observer, I perceive is becoming to your profession more and more difficult to adjust. Do not be agitated with premature alarm, gentlemen. I am not about to speak of a falling scale of fees, or the old habit of experimenting on clergymen gratis. Of this latter custom I will only say in passing, *esto perpetua*. I refer to your relations as of the orthodox school, in the regular succession, —the ancient practice and the true church, towards dissenters of all classes, homœopaths, hydropaths, electricians, and what nots. We theologians have had for the last nineteen centuries rather a lively time with this sort of people, who prefer to the homely old ark of safety the jaunty little cockboat of doubt. And we have tried two different methods of intercourse, and reached, at length, what we venture to commend to you, as the ultimate philosophy on this subject. At first we took the ground that tares were not wheat, nor half as good as wheat, and that our office as growers of the latter grain included a function of grubbing at the former. Quite a number of Christian centuries have made record of our diligence in uprooting the tares of heresy, and casting them into the fire to be burned. A venerable gentleman in a distant city, waiting the decree of infallibility from one quarter, and of mortality from another, and more and more fearful every day that the messenger from the swift Styx will get the start of the envoy from the slow Council, continues this method, and occupies his leisure, we are told, in penning Latin paragraphs, to be used as mattocks in digging out of the soil of Christendom several nations, of no ignoble attainments, and of very respectable size.

But study, disappointment, and waste have revealed to us in these

latter days the somewhat important fact, that what we call heresy is apt to be made up of two very different elements. And though in the admixture, truth may be to falsehood as two grains of wheat to two bushels of chaff, there are chickens in every land, that will judge of the pile not by the refuse which they cast under their feet, but the barley corn which they carry home in their crops.

The devotees of science, whether secular or sacred, go through their fields like rapid reapers, eager to gather at every advance, new armfuls of the ripened grain. What wonder if, in their haste, they drop an occasional stalk, or leave behind at evening, a neglected and unmissed sheaf. Nay, what wonder if next day, the gleaner discovers these mistakes, and notifies the world that he has biscuits to sell, as good as any to be found in the market.

The oystermen are a useful race, but in their exclusive attention to the pulpy, they sometimes overlook the wealth that lies in the solid part. When we desire a classic dish, the rich fry, the steaming stew, the economic and deceitful scallop, we go hopefully to these lords of the count and the can, little dreaming that perhaps they have left among the shells that make the wealth of the scavenger, pearls worth tons of their precious and popular mollusks.

Thus wherever he wields sickle and wain, the reaper Science is father of the gleaner Dissent. Nature, lavish in one respect, is frugal in another. Pillage as we will her bivalves, we may not pass by her pearls. Whatever the orthodox leave, the heretics will pick up. Pondering these facts the wisest theology of our day has discovered that its relations to the thousand schools of dissent are only partially hostile, and that in another and higher sense, they are complementary and fraternal. Whatever in books, and schools, and systems, is chaff, we surrender to the flames or give freely to the wind. But whatever is wheat, if there be but two berries of it, we take as of our inheritance, and put it in our pile. To be orthodox is to be heir to all truth, and ready to lay hold of it wherever it is found. We have, therefore, changed the tactics of our fathers, and whereas they denounced much and investigated little, we anathematize rarely, and inquire the more. Would it offend you, gentlemen, if without questioning your title to pre-eminence, I should hint this evening that your best way to disperse all other styles of practice, and deserve and win the whole field to yourselves, is b

search and comprehension, and not by censure and repulsion. A man comes to you for treatment ; his disease is complicated, the effect of great abstinence on the one hand, and great excess on the other. Call his body a transport for carrying provisions, and it has been overloaded in every voyage for the past fifteen years. Consider it as a garment, and in all that time it has never entered the tub. You lift the hatches, pour into the hold a preparation of drugs and commend him to a time of medicine, or the medicine of time. Having tried your course sufficiently, he incloses a five dollar note to you, inquires for a water-cure, goes to it, and in two months comes home minus his distemper and a large roll of greenbacks. What cured him ? An occasional wash, and the diet of five men, diminished by four. Would it not be as wise, and in the long run, as profitable a use as you could make of this unhappy case, if, smothering in your own bosom your dislike of hydropaths, you should resolve never to furnish them with another subject, and when the next man, with similar symptoms, rings at your office door, give him this prescription :

*Submerge quotidie in aqua callida et plena ;*

*Attrite vehementer cum manu et cum crash towels ;*

*Pasce frugaliter, cum bove sano, cum pane cibario, et cum tuberibus tostis ;*

*Reste ad domum, et 'in fine, pay to your orthodox doctor what it would cost to get cured at a water cure.*

Eclecticism and comprehension are the indispensable elements of orthodoxy, whether in physic or metaphysic, in the care of the body or the cure of the soul. On the other hand, the components and characteristics of dissent, wherever you find it, are bigotry and seclusion.

When the homœopath says *similia curantur*, if he would stop there, his motto would be as comprehensive as the science of cure. But when he slips into his rut and adds *curantur similibus*, he imitates the French tanner, who to his majesty, declaring that the city must be begirt with armor-defying walls, answered : "Yes, sire, and of my good leather."

The woodman who delivers hickory only by the cord, must not complain of the grocer because he sells it in kindlings at a penny a bunch. Let him cease denouncing, set up in his yard a circular

saw, and consent to furnish fuel in both forms, and the grocer who would never succumb to the scold, will quickly give place to the rival. The forms of practice, different from yours, which are any thing better than quackeries and shams, will continue to thrive till opposed with something more than the votes of the class, or the bulls of the faculty. When in addition to your own great powers, you are master of their little abilities as well, and society understands that though you cannot beat them in censure you can in practice—and that on their own principles—who will buy china of the peddlers when the crockery merchants have all that they offer, and on better terms?

But gentlemen, it is time that I had concluded my address. Accept my hearty congratulations for what I hear of your zeal and studiousness in the past, and for the hope which you have inspired in teachers and friends, touching your career in the future. May all their anticipations and yours be not only realized, but outdone in the event. With a steadfast purpose, a single and unchanging aim, the nobleness that deserves, the diligence that conquers success, may each of you reach the distant, difficult, but yet accessible goal, where the foremost of your models and guides have stood in other times; where so many of the living, and among them your own teachers, stand to-night, waiting the auspicious hour when they may lay upon your deserving brows the garlands that so worthily adorn their own.

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ART. II.—*Wound of the Knee Joint.* By J. F. MINER, M. D.

Wound of the *knee joint* is one of the most common, and also, one of the most severe and dangerous injuries. The expressions of the older authors lead us to believe that most injuries extending into the knee joint will prove so serious as to make primary amputation necessary, or at least more safe than secondary amputation which is later required if the patient survive the fever and constitutional disease commonly induced. The acute synovitis which so generally follows wounds opening into the knee-joint, the liability of purulent absorption and death from *pyæmia*, and the probability that if no more serious consequences follow, ankylosis will be the result, prove how serious and dangerous all wounds which reach to



the synovial cavity of the knee may be regarded. Recent advances in surgery have demonstrated how exsections may often take the place of amputations, and how many cases of synovitis may be safely and successfully treated by the mildest measures. The successes which have attended operations upon joints, have also operated to abate our fears in compound dislocations, and in penetrating wounds or other injuries complicating the larger joints, but the experience of modern surgeons will be found to correspond in many respects with that of the older authors. It is true that we sometimes see punctured wounds extending into the larger joints productive of no serious symptoms or consequences; see compound dislocations terminate as favorably as simple, being followed by no untoward symptoms, but such is by no means the general rule, and the opinions of the earlier authors, will be sustained in a great degree, by recent observers. It is not probable that surgeons at the present time would consider primary amputation indicated in penetrating wound of the knee joint, since now it is with great reluctance and hesitation that we advise amputation; we should not, perhaps, entertain at all, their measures of treatment, but could scarcely abate from their opinions of the severity and danger of such injury. The literature of the profession upon this subject leaves the young surgeon to doubt and hesitancy as to the safest and best methods of procedure and the questions which have been so long and extensively discussed are still, in his mind, at least, unsettled.

It has been my misfortune to see nearly every case of incised or punctured wound extending into the knee joint which has fallen under my observation, followed by very serious consequences, though I have observed similar injuries, in nearly all the other joints, terminate favorably. This leads me to infer that a wider experience may furnish other instances of complete recovery from wounds extending into the knee joint, rather than that injury of the knee is greatly more dangerous than the shoulder, elbow, hip, ankle, &c. These injuries are certainly common, but the experience of any one observer furnishes a quite inadequate basis for conclusion. The idea formerly so prevalent that air admitted to serous membranes and to synovial surfaces, is very dangerous, almost always provoking acute inflammation, has been modified somewhat by the experience of recent observers, by the success attending operations upon

abdominal tumors, and by the result of exsections and other operations upon joints, so that the profession is better prepared to expect favorable termination after injury of joints than formerly. Judging from my own experience alone, I should abate nothing from the severity and danger formerly attached to such injury, and should differ only in the mode of treatment. Amputation is more our last resource than formerly; sufficient courage could not be obtained to make amputation after injury of the knee joint from incised or punctured wound; on cases only of great injury to the articular surfaces and ends of the bones, could such a procedure be considered.

My thoughts have been turned to consideration of these accidents by cases which have recently fallen under my care, the brief histories of which are instructive. The first was on the person of a carpenter, who struck his axe through the integuments upon the inner side of the left leg, opening the knee joint, and dividing a small artery. Pressure appeared to control the hemorrhage, but, he was obliged to ride three miles into the country, to his boarding house. During the night he suffered great pain, and, in the morning I was invited to visit him. Blood had escaped from the artery and had infiltrated in considerable quantity between the muscles and under the fascia, and it was found necessary to enlarge the opening and ligate the artery. Violent inflammation supervened in the joint, and the constitutional symptoms of purulent absorption soon manifested themselves. He died three months after the injury from pyæmia.

The second case was caused by the draw shave of a cooper dividing the tissues in front of the joint, making a large broad incision completely into, and fully exposing the joint surfaces. The wound was carefully approximated, leg laid over a pillow, and water dressings applied. During the first three weeks no unpleasant symptoms had appeared. He now moved from his bed and attempted use of the leg. A few days later, the symptoms of synovitis commenced, the joint surfaces suppurated, and at the end of six months when last seen, he was walking with a crutch, and had ankylosis of the joint.

The third case is more recent, being now under treatment. Mr. L., carriage maker, struck his axe into the right knee, severing an

artery which bled very profusely. Compress and tight bandages controlled the hemorrhage so that he was brought to my office for first dressing. The axe was found to have penetrated the synovial cavity of the knee joint, and the bleeding vessel had been compressed superficially so as to direct the current of blood into the joint cavity, from which the synovial fluid had been evacuated. After tying the vessel, the coagulated blood was pressed as much as possible from the joint and the patient ordered rest, anodynes, and water dressings. This patient is very sick, now suffering from traumatic delirium in addition to all the symptoms of acute synovitis. Pus and a greatly increased quantity of synovial fluid escape constantly from the wound. The leg is swollen, and very painful, and all the evidences of great constitutional disturbance are present. A little improvement for the last few days encourages the expectation that he will recover; but of this there is still much uncertainty.

Going back in line of personal experience and I could relate cases where wounds penetrating other joints were followed by no untoward symptoms, and where recovery was as rapid and complete as if only simple integument had been divided. It does not always follow that wounds extending into joints are attended by these serious consequences, but it is believed that the greatest risk is incurred and that as a rule, with but comparatively few exceptions, serious ill effects do follow.

It might be interesting to enquire into the causes of these dangerous and often fatal symptoms, but we should soon be liable to find ourselves without definite and well settled facts, wandering off into the regions of fancy and conjecture. It seems now settled that amputation through the knee is safer and better than through the thigh, showing, at least, that there is nothing in the anatomical character or physiological action of the synovial surface which prevents union or greatly exposes to the absorption of pus. It has been said that the articular surfaces are of low vitality and take on reparative action slowly and uncertainly, but this objection is hardly sustained by our observations of its vitality and activity when inflamed, or the readiness with which it unites with other tissues under favorable circumstances.

The influence of atmospheric air upon the articular surfaces of joints, has always been the source of fear and dread with surgeons;

to how great an extent this is well grounded, it is difficult to determine, nor is it my purpose to consider to any great extent how this may be. It seems probable that the admission of air does have an important influence upon the joint surfaces and character of the secretions furnished; other causes may also act to stimulate inflammatory action, and prevent rapid recovery after such disease has once been established. To avoid admission of air, operations upon the knee are sometimes made under water, while with a view to prevent other unfavorable influences, various antiseptic and refrigerant applications have been used.

The *treatment* of these accidents have been greatly simplified within the past few years, though it may be noticed that Erichsen in the last edition of his surgery, speaks of the treatment thus:

"In fact, the three great principles of treatment in the early stages of wounds of joints, consists of the exclusion of air, perfect rest, and the continuous application of cold. In this way inflammatory action may be prevented, and union of the wound effected; but in the majority of cases the inflammation that is set up in the joint causes so abundant a secretion of synovial fluid, that the dressing becomes loosened by the tension and outward pressure of the accumulated fluid which escapes from under it. If the preventive means of arresting inflammation fail, and the joint swells, becoming red, hot and throbbing, with much constitutional irritation, the line of treatment must be changed, and means should be taken to limit the inflammatory action. This is best done by free application of leeches over the joint, hot fomentations, and the internal administration of calomel and opium about four times in the day. This remedy possesses a more decidedly controlling influence over traumatic arthritis than any other with which I am acquainted."

Careful review of these few sentences would occupy too much space and cannot now be presented to our readers; suffice to say, the sound reasoning and correctness of all this, is by no means established. It is all well to give directions to exclude the air, but its admission or exclusion is a matter over which the surgeon has little control. As to the application of "continuous cold," before the redness, heat, swelling and throbbing appear, or the free application of leeches, hot fomentation and internal administration of

calomel and opium after, much differences of opinion would prevail. It is certainly as easy to do injury by our therapeutic measures as good, and it requires great discrimination to be able to reject the objectional modes of treatment and select such as, at least, shall do no harm. Some of the indications are very plain, viz: Closing the wound, preventing and abating inflammation, and relieving pain. That mercury, leeching, blistering, &c., &c., could produce any favorable effect, may as well be left for the result of individual experience and observation.

We naturally and rightfully expect from our remedies favorable effects; and often too readily accept the progress of disappearing disease as the benign influence of medicine.

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ART. III.—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, April 5th, 1870.

ANNUAL MEETING.—The meeting was called to order by the President.

Members present—Drs. Miner, Rochester, Diehl, Phelps, Trowbridge, Wetmore, Burger, Whitney, Samo, Gay, Strong and Johnson.

The Treasurer's Report was read, accepted, and referred to the Auditory Board.

The Librarian's Report was read and adopted.

The Secretary's Report was read and adopted.

Election of officers being next in order the following officers were elected for the ensuing year:

S. W. WETMORE, President

THOS. M. JOHNSON, Vice President.

WM. J. PHELPS, Secretary.

C. DIEHL, Treasurer.

JAS. B. SAMO, Librarian.

Dr. J. Trowbridge, of the Committee of Portraits, made a brief report of the labors of the committee, after which, on motion of Dr. Strong, the Committee was empowered to purchase portraits of deceased members when necessary to do so.

Dr. Rochester moved that the Secretary procure an album containing portraits of all the members of this association. Carried.

On motion of Dr. Rochester, a committee of three was appointed

to confer with the trustees of the Grosvenor Library in the selection of medical books for that library. The members of this committee are Drs. Rochester, Strong and Miner.

By vote, the Committee on Portraits was granted further time.

By vote, Dr. Samo was granted further time to prepare his essay.

Dr. Rochester said that in the late trial of Mrs. Carney, for murder, the very important question came up, whether it is possible to tell from the appearance of the wounds found upon a dead body that they were made before or after death, whether tumefaction and ecchymosis will occur if a wound or contusion be made after death. Dr. R. thought the question one of great interest to the profession and mentioned it to hear the opinions of the profession upon the subject.

Dr. Miner said that he had very recently been invited by Coroner Burke to examine, in connection with Dr. Green, a body which had been in the water two or three months, which had marks of severe injury both upon the forehead and upper portion of the head. The question was to determine, if possible, if the wounds were received previous to death; the brother of the subject being under arrest as the murderer. The wounds contained coagulated blood, the parts were discolored for some distance, the bone, even beneath the periosteum, showed discoloration. He had no hesitation in swearing positively and confidently that the injuries were received previous to cessation of circulation—previous to death. Dr. Green was also as positive upon this point. It was well to give the subject full consideration, but it seemed to him that the physicians called in the suit mentioned by Dr. Rochester were correct, and will be sustained by the profession and by any investigations which may be made upon the subject.

Dr. Gay thought the subject of great interest, and believed that in case death occurred suddenly, immediately after the injury there would be no coagula and perhaps no tumefaction. But in case death came on slowly, or at considerable time after the injury, the reverse of these conditions might be found.

Dr. Strong said—Mr. President: It seems to me, in view of recent events in court, that the query suggested by Dr. R. is at once timely and important.

What are the facts in the case referred to? These—viz. and

briefly: A healthy boy, of some seven years, was found, after two days search, in a well, constructed of stone, some sixteen feet deep, half full of water. The well was three and one-half feet in diameter, and covered by a plank, in which, directly over the center of the well, was a square opening fourteen inches in diameter.

The testimony of the medical gentlemen (one of them the coroner) who made the *post mortem* examination was to the effect, that upon the head of the child was found three contused wounds, caused by some blunt instrument, one of which was directly above the right eye-brow, and another on the top of the head, 1-2 to 3-4 of an inch in length, and through the integument and muscles down to the cranium but with no fracture of the skull. Around both wounds, for a space of two or three inches in diameter, (I believe,) there was considerable effusion of blood and lymph, with tumefaction.

The theory of the prosecution, and the judgment of the physicians was, that these wounds were inflicted before death for some hour or two, and, the child, either dead or insensible from the injuries, was thrust into the well through the fourteen inch aperture.

The theory of the defense, *sustained too by medical testimony*, (if I am not in error,) that wounds of the character described, might have been *post mortem*, or received at the moment of drowning, by the head striking against the stones of the wall, and by consequence the case was one of accidental drowning.

The question raised is (and it is obviously one of very great importance to have determined, if it is not already determined,) could it be possible that such an amount of coagulation, effusion and tumefaction as was proven might be *post mortem*? Or even an effect from injuries received at the moment of drowning?

The received view, as I have always supposed, is, that effusions, whether of blood, lymph or serum and consequent tumefaction is intrinsically a vital process, necessitating of course the action of the living solids and fluids,—and have nothing in common with *post mortem* changes.

If this view is correct, the idea, that in the case in hand, the wounds could have been received after death is wholly untenable.

The only remaining question is, could their appearances and conditions have had time to occur in the act of drowning? To settle

this point involves the consideration of the length of time that elapsed while the child was struggling for its life in the water, assuming that he was conscious--of all which there was nothing proven or positively known. Being hypothetical, of course there may easily be differences of opinion and judgment in the premises.

The medical testimony was that the wounds must have been received an hour or two at least before life was extinct. Of course no *such* time could have elapsed after the child struck the water; and if rendered insensible, by the force causing the wound, as was thought, no appreciable time, certainly no sufficient time to allow of the vital process involved, *could* have passed before death.

It is a matter of every day observation, that effusions of blood and lymph, begin instantly upon the reception of a wound involving rupture or lesion of the vessels. This process is gradually and steadily progressive up to a certain point--varying in rapidity with the seat of injury and other circumstances.

In the case under consideration, the data pertaining to the duration of life, insensibility, etc., were wholly wanting, except inferentially.

But if the examining physicians give accurate statements of the extent and character of the lesions, (as I believe was unquestioned,) it would seem to be difficult, if not impossible to believe, that the injuries were received in the act of drowning--and most certainly not after life was extinct.

And yet, the accused in this case, was acquitted upon the theory, if I am not mistaken, that the wounds *were* so produced.

In view of these facts, I repeat, Mr. President, it is not only timely, but vastly important, that the point at issue should be calmly considered, with the view, that, upon the physiological and pathological laws which obtain in the case, medical testimony may be a unit--and the ends of justice thus be subserved.

Dr. Wetmore said he had never seen signs of tumefaction after death, but had often seen depression at the point of a blow. Have seen contusions made after death that would show as in life but in less degree. If the scalp is bruised after death it will dry and stick to the skull. Blood will not coagulate after death. Have seen ecchymosed spots produced by blows upon the dead body.



Roseola, whooping cough and mumps were reported as prevailing.

Dr. Diehl was elected to read an essay at some future meeting of the association.

Adjourned.

THOS. M. JOHNSON,  
SECRETARY.

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## Miscellaneous.

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### A Case of Sudden Death in Ovariectomy, while the Patient was under the Influence of Chloroform.

BY SIR JAMES Y. SIMPSON, M. D.

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A few weeks ago, Mr. Brotherston, of Alloa, sent to Edinburgh a patient who was the subject of an ovarian tumor. She brought a note from him, asking if I thought the case a fit one for ovariectomy. I wrote back that it seemed to me to be so. The patient was married, about 22 years of age, thin and emaciated; and I thought that the tumor, which was as large as the pregnant uterus at the sixth and seventh month, felt more solid than multilocular ovarian tumors of this size usually do; yet it seems free from adhesions.

Mr. Brotherston took the patient into the small village hospital at Alloa, and earnestly requested me to be present when he operated. Accordingly, on the morning of February 5th, I went up to him. Dr. Wilson and Duncanson, of Alloa, were also to be present; but Dr. Duncanson did not arrive till after the patient was laid upon the table and the operation begun. With the view of allowing Dr. Wilson to give full assistance to Mr. Brotherston at the operation, I chloroformed the patient. In doing so, I placed a single layer of towel over the nose and mouth, leaving the eyes exposed; and dropped the chloroform upon the towel. When Mr. Brotherston made his first continuous incision, the patient moved so much that he stopped for a short time, till I put the patient more under the effects of the anæsthetic. The tumor was rapidly reached, and was attempted to be diminished in size by tapping; but only a comparatively small quantity of fluid escaped. Mr. Brotherston then extended the opening upward for an inch or more above the umbilicus, and was introducing and using his hand with the view of turning out the ovarian mass, when the patient vomited suddenly and profusely. Immediately the eyes opened; the pupils were preternaturally dilated; the face looked pallid; and the respiration which had never been affected by the chloroform so as to have the least noise or stertor in it, seemed arrested. Instantly artificial respiration was set on foot, and the tongue was pulled forward. Deep spontaneous respiration then occurred several times in succession, and I deemed at the moment that the patient was out of danger;

but a second collapse occurred, which terminated in death, all means of resuscitation proving unavailing:

On a *post-mortem* examination of the body, ordered by the legal authorities, no disease could be found in the head or chest, or elsewhere. The ovarian tumor was free from any peritoneal adhesions. On examing its structure, Dr. Pettigrew, the esteemed pathologist of the Royal Infirmary of Edinburg, found it to be cancerous in its character.

REMARKS: *Cases of Sudden Death during Surgical Operations without Anæsthetics.*—In the first paper which I published on Chloroform in the *Edinburg Monthly Journal of Medical Science* for December, 1847, I stated that this drug, if given in too great or too long doses, "would doubtless produce serious consequences and even death; and at the same time I expressed the hope that "its great potency would be one great safeguard against its abuse." Since that period I have administered it myself, or been present when it was administered, in several thousands of instances; but have not seen its employment terminate in death before the occurrence of the preceding unhappy case.

According to all the experimental and clinical observations which have been made, chloroform appears capable of destroying life in two ways—namely, (1) asphyxia, and (2) by syncope. Death by asphyxia can generally, if not always be averted, by at once arresting the inhalation of the drug whenever the breathing becomes noisy or stertorous—states, which are already mentioned, never occurred with the preceding patient. Syncope, or sudden stoppage of the action of the heart, is doubtless far less under control, and has apparently formed the principal cause of the fatal issue in almost all the cases in which patients have perished when under the use of chloroform. Perhaps fewer cases of syncope actually do occur under operations since the introduction of anæsthetics, because the nervous and sensory system of the patients are so far obtunded by their employment; but a patient is, I believe, in greater jeopardy if syncope do happen while he is under the influence of chloroform, than when he is not under it, because the irritability and action of the heart are diminished by the free use of it, as shown by the lowering and slowing of the pulse. Yet, when syncope does occur in chloroformed persons, artificial respiration and its accompaniments are usually sufficient to rally and restore the patient. When the preceding case was described by me at a late meeting of the Edinburg Obstetrical Society, Dr. Gordon and Dr. Andrus McDonald each mentioned an instance in which sudden fainting took place, with pallor of the face, open eyes, and very dilated pupils at the first commencement of the incision in two slight operations—the one for the removal of a small tumor, the other for the incision of a carbuncle; and in neither case had the patient taken any unusual dose of chloroform. They both recovered under artificial respiration. Several analogous cases have been recorded.

But are all such cases of syncope, which take place during operations, and which end, or do not end in death, the result of the action of the chloroform which happens to be used at the time? The question is one which has never perhaps sufficiently attracted the attention of the profession. For doubtless it is true that, before the introduction of anæsthetics, patients sometimes died from syncope upon the operating table both immediately before and after the operation was commenced, and under conditions and circumstances which, in modern times, when anæsthetics are almost universally employed in operations, would be not unnaturally described and regarded as deaths from chloroform. Formerly, such sudden deaths under surgical operations, do not seem to have been looked upon as matters of moment, because, in fact, no special pathological or practical interest was attached to their occurrence. They were simply regarded as inevitable accidents, and are usually only incidentally alluded to, when alluded to at all, by surgical authors, provided they illustrate some special observation or opinions on the part of the writer. Thus, as showing how "violence alone, without the loss of blood, may often produce immediate fatal effects," John Hunter makes the following observations on ten illustrative cases:

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If, in the preceding cases, chloroform had happened to be employed, the fatal results would naturally, by most minds have been attributed to the anæsthetic, and not to the operation, or the condition of the mind or body connected with the operation. Such cases teach us at least, that caution is required in our reasoning and inferences, seeing that death may occur, and has occurred, in operations without chloroform, and with phenomena quite similar to those ascribed to the action of chloroform. Most of the stronger drugs in the *Pharmacopœia* as opium, elaterium, antimony, mercury, etc., are, proportionally to the number of cases in which they are used in full doses, as fatal as or more fatal than chloroform, but they are not so sudden, and hence not so infinitely appalling in their dangerous and fatal effects. The number, for example, of lives lost yearly by the poisonous effects of opium is much greater than that lost by chloroform.\* At our different drug manufactories in Edinburgh, we have upward of two million doses of chloroform manufactured annually, and much is also made elsewhere; yet how rarely does a fatal result follow its use! Is there any other common or potent drug which could be given in full doses in two millions of instances yearly, with greater impunity?—*British Med. Journal.—Med. Gazette.*

\*In 1840, out of every 1,000,000 living in England and Wales, 24 were poisoned by opium and 23 by other medicines improperly given to children below the age of five years. (See *Second Annual Report of the Registrar-General*, p. 83.) In England and Wales, in the five years from 1863 to 1867, there were poisoned by preparations of opium, 633 individuals; by salts of lead, 343; by overdoses of medicine, 59; by strychnine, 41; etc. There were drowned during the same period while bathing, 707 persons; while sliding or skating, 116; burnt to death by clothes taking fire, 2,194; killed by falls in walking, 194; suffocated by bed clothes, 2,333 children; suffocated by overlying, 683; died from navel hemorrhage, 673; etc. (See *Thirtieth Annual Report of the Registrar-General*.)

## Spinal Irritation.

Dr. William A. Hammond read, in January last, before the Medical Society of the County of New York, a very valuable paper upon *Spinal Irritation*, which appears in the *Psychological Journal* for April, and should be read by every physician. The editor of the *New York Medical Journal* thus gives, in brief, some of its chief points:

After alluding to the distrust experienced by several distinguished writers, and shared by a large part of the profession, as to the existence of an independent affection which may properly be called "spinal irritation," the speaker stated emphatically his own conviction that there is such a disorder of the spinal cord, by no means rare or unimportant, and no more to be confounded with hysteria, or the various other affections which it may simulate, and to which its symptoms have so often been referred, than with organic disease of the cord. He carefully reviewed the literature of the subject, giving a *resume* of the most important facts and opinions advanced concerning it, from the introduction of the term by Dr. C. Brown, of Glasgow, in 1828, down to the present time. He then gave his own views, based upon a study of one hundred and twelve cases occurring in his private practice, eighty-three of which had been fully recorded, and twenty-nine less completely.

*Symptoms.*—(a) Centric symptoms: 1. Tenderness at one or more points over the spinal column, increased by pressure. This symptom Dr. H. regards as invariably present, although sometimes developed only by careful examination, and occasionally appearing only several moments after the pressure is applied. Any case which does not exhibit it he excludes from the category of spinal irritation. Dr. Austin Flint and some others think it may be absent in exceptional cases. The tenderness varies in character from a dull ache, seated in the deeper tissues and developed by strong pressure, to a lancinating pain, seated in the skin and subcutaneous areolar tissue, and excited by slight pressure. It varies in degree from a slight discomfort to a hyperæsthesia rendering the touch of the clothing insufferable. It may be limited in extent to the spot under pressure, or the pain may be propagated along the spinal nerve. The seat of the tenderness is most frequently the dorsal region, but may be the cervical or the lumbar, and it may extend over the whole spine. Each location has its characteristic eccentric symptoms. 2. Pain in the cord. The tenderness above described was external to the vertebral canal. The pain now spoken of is in the cord itself, and therefore cannot be excited (unless in a reflex way, through the former) by pressure on the spinous processes; but it may be excited by percussion and by motion of the spinal column. The pain is commonly felt near the point of external tenderness, but may be distant from it. It was present in one hundred and nine of Dr. Hammond's cases.

(b) *Eccentric symptoms.* These constitute the most noticeable ones, and vary in accordance with the part of the cord irritated. Among those occurring in Dr. Hammond's cases are the following, under their respective regions: 1. *Cervical irritation:* Vertigo, headache, tinnitus aurium, visual disturbance, sense of frontal constriction; tenderness of scalp; mental aberration (more or less marked in every case); insomnia, or excessive somnolence; neuralgic pains and motor disturbance in parts deriving their nervous supply from the affected region—in scalp and face, if this were the upper cervical; in upper part of chest and upper extremities, if it were the lower cervical; nausea and vomiting, but *not* gastric pain. 2. *Dorsal irritation:* Gastralgia (in every case), gastric flatulence, acidity, nausea and vomiting, pyrosis; palpitation, cardiac oppression, syncope; dyspnoea, cough; intercostal neuralgia, infra-mammary pain (very frequent); motor disorder (spasm or paralysis). 2. *Lumbar irritation:* Neuralgia of lower extremities, and sometimes of back and abdomen; uterine, ovarian, and rectal pain; strangury; tonic spasm of muscles in lower extremities, clonic spasms (occasional in every case), paralysis. The above symptoms are taken from cases where the tenderness was located in but a single region of the spine. In those where it was located in both the cervical and the dorsal region, or both the dorsal and the lumbar, the symptoms presented a combination of those characteristic of each region; and in ten cases, where the whole spine was tender, they were quite irregular in their manifestations from time to time.

*Causes.*—Sex is the strongest predisposing cause, ninety-three of the one-hundred and twelve cases being females. Age has its effect, fifty of eighty-three cases being between fifteen and twenty-five years. Hereditary influence was ascertained in some instances. The exciting causes are often impossible to fix. Among those determined in the cases reported, are mechanical violence, sexual excesses, mental fatigue and anxiety, innutrition, abuse of alcohol and of opium, exhausting diseases.

*Pathology.*—The essential pathological condition in this affection Dr. Hammond considers to be anæmia of the cord, and he gives *in extenso* his reasons for this opinion. Other writers have attributed the spinal irritation to congestion, inflammation, and many other conditions. That anæmia may cause the irritability, is shown by analogy, and that local anæmias may be produced is explicable with our present knowledge of the vaso-motor function of the sympathetic. The irritation thus established would seem also to have a secondary influence upon the sympathetic, resulting in the visceral disturbances that constitute so important a feature of the disease. The well known laws of reflex action suffice to explain the effects of pressure, percussion, etc., and the aberrations of sensation and motility.

The *diagnosis*, after rejecting all cases which fail to present the vertebral tenderness, lies between the affection and the other spinal

diseases which, in their earlier stages, may resemble it—chronic myelitis, meningitis, and congestion. An early and correct diagnosis is of the greatest moment as a guide to treatment, the indication for which, in spinal irritation, are quite the reverse of those in the other affections. In a matter of such vital consequence we shall not attempt the imperfect abstract our limit would compel, but refer the reader to the paper itself.

The *prognosis* is favorable, all cases being alleviated by persistent treatment, and nearly all being ultimately cured.

*Treatment.*—The indications are four: “1. To remove the cause; 2. To improve the general tone of the system; 3. To increase the amount of blood in the spinal cord, and improve the nutrition of this organ; 4. To set up a counter-irritant action in the vicinity of the disordered region of the cord.” The first indication speaks for itself. The second is met by tonics (as iron, quinine, zinc, cod-liver oil), and especially by alcoholic stimulants. The third by strychnia, phosphorus, phosphoric acid, opium, heat to the spine, the recumbent posture, and, above all, the direct galvanic current, scientifically applied. (The induced current is also of service applied to the affected muscle, where paralysis is present.) Of counter-irritants, blisters and dry cups are to be preferred to antimonial ointment. Wet cups or leeches are inadmissible.

The paper concludes with reports of illustrative cases.

Dr. Austin Flint, Sen., in his remarks to the society at the same time says: None but those whose reminiscences extend back twenty-five or thirty years can appreciate the service rendered to practical medicine by the first writers upon this subject. For up to that time the notion prevailed that nearly every disturbance of the internal organs was the effect of inflammation; all the affections now known as functional were regarded and treated as inflammatory. These writers, by directing the attention of physicians to the spinal cord, and to the employment of tonic and invigorating treatment, did much to change the practice of the day.

At that time, under the name “spinal irritation,” or as I choose to call it, “spinal affection,” as involving no hypothesis concerning its nature, there seems to fall a group of cases marked by certain features common to all—tenderness of the spinal column (exceedingly common, but not universally present), susceptibility to cold, coldness of extremities, indisposition to physical or mental exertion, and undue fatigue after either, mental depression sometimes amounting to melancholia. These symptoms belong to all the cases, and in addition there were those connected with the various organs. But the name spinal irritation fell more and more into disuse; and, although, for a considerable time, I spoke of spinal affection in my lectures, I at last ceased to do so. Why is this? I recognize to-day the same group of cases I then recognized. But I have been, for some time past, gradually coming to regard these cases as cases of general anæmia, considering the cord to be in a morbid condition, but a condition due to the altered state of the

blood. I have been the more confirmed in this view from knowing that profound anæmia may exist and yet present none of its superficial signs: an anæmia patient for example may have a beautiful color in the face. (I think, however, that anæmia, where present, may always be detected in the venous hum.) But, although, I have supposed the anæmia of the cord to be dependent, not upon a deficient supply of blood to that organ, but upon the impoverished character of the blood, yet on this point I should regard Dr. Hammond's opinion as superior to my own.

The adoption of these views has led to a change in my practice. Twenty or thirty years ago I resorted to counter-irritation, especially by means of tartar emetic ointment. I have now come to look back on those days with a feeling of regret that so much needless suffering should have been inflicted. Yet possibly we may be going too far in the opposite direction. Counter-irritation, by dry cups and other of the less severe means may be useful. But, looking upon the essential condition as one of general anæmia, I have found my treatment addressed to this very successful in removing the symptoms of the spinal affection. I have no doubt, however, that the addition of electricity, as proposed by Dr. Hammond, would be of great service. One word as to the chalybeates. I think these remedies often have their values underrated from failure to persist in their use. I think that less depends upon the amount of iron given than upon the length of time for which it is continued; and that, if this be borne in mind, and the chalybeate remedies thoroughly tried, they will be found to give the greatest satisfaction.

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### Treatment of Pneumonia.

The indications for treatment are (Dr. Flint *Med. Gazette*): (1) Promote absorption, for which mercury has been discarded, although it may exert some good influence. Iodine is often used for this purpose. (2) Palliate symptoms, as want of sleep, irritability, etc. It is here important to inquire as to previous habits of intemperance. (3) Support by good diet, and if necessary, stimulants. There is no danger, of over-nutrition, although there may be of giving a diet which is indigestible. Patients often have a repugnance of food, but when ingested it is digested. There is no disease which is not benefitted by the amount of food appropriated. In this case, I would give from half ounce to one ounce doses of some form of spirit. The rule for its administration is, give enough to produce its effect; see the patient three or four hours afterward, and compare symptoms, especially if the mind be clearer, the pulse increased in volume, and less compressible. If there be improvement, we have then a guide to go by. Render the system tolerant of good alimentation by tonics, as iron, quinine and alcoholic stimulants. As there is no destruction of tissues, recovery is almost sure to take place.

In this disease, we have a liability to the formation of heart clot. That the liquid conditions of the fibrin in the blood is caused by the presence of ammonia, has been broached by Dr. Richardson. He has now given up the position formerly taken by him on this point. I am disposed to think his former position the right one. I have given ammonia, and, although it does not prevent heart clot in all cases, still I think there is a certain proportion of cases in which it is beneficial. I would give five grains [of the carbonate (?)] every three or four hours. Its stimulating effects would be very beneficial.—*Med. Archives.*

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### The Work Done by the Human Heart.

From a long article (by Professor Haughton, of Dublin,) in a recent number of *Nature*, we condense the following interesting facts:—

The total daily work of the human heart is equivalent to 124,208 tons (of 2,240 pounds each) lifted one foot.

The daily labor of a workingman, deduced from long continued observation of various kinds of labor, is found to be equal to 354 tons lifted through one foot, during the ten hours. This is less than three times the work done by a single heart, beating day and night for twenty-four hours; so that three old women sitting beside the fire, alternately spinning and sleeping, do more work by the constant beating of their hearts than can be done in a day by the sturdiest farm laborer,

In a boat race, it is calculated that fifteen foot-pounds of work are performed by each ounce of muscle during each minute of the rowing. No muscular labor that man can undertake is more severe than this; and yet this labor is only three-fourths of that which is exerted day and night during life by each of our hearts.

If the heart should expend its entire force in lifting its own weight vertically, it could raise that weight 19,754 feet in an hour. An active pedestrian can climb from Zermatt to the top of Monte Rosa, 9,000 feet, in nine hours; or can lift his own body at the rate of 1,000 feet an hour, which is only one-twentieth part of the energy of the heart.

When the railway was built from Trieste to Vienna, a prize was offered for a locomotive engine that could lift its own weight through the greatest height in one hour. The "Bavaria," which won the prize, lifted itself through 2,700 feet in an hour. This is the greatest feat yet accomplished on steep grades, and is considered very remarkable; but it is only one-eighth part of the mechanical force of the heart.

The heart, then, is the most wonderful of machines. Its energy equals one-third of the total daily force of all the muscles of a strong



man ; it exceeds by one-third the labor of the muscles in a boat-race, estimated by equal weight of muscle ; and it is twenty times the force of all the muscles used in climbing, and eight times the force of the most powerful engine which the art of man has yet invented.—*Journal of Chemistry*.

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### Exposed Pulp.

C. E. Francis, D.D.S., N. Y. (*The Dental Cosmos*), believes that his success in the treatment of healthy pulp should encourage dentists to attempt the preservation of every healthy pulp. The course of treatment he has adopted in such cases is very simple, and has frequently been recommended by others as well as himself. It is this:—First, keep at bay the fluid of the mouth, and dry the cavity carefully with a bit of the softest prepared punk. Bathe it with pure creasote until pain subsides. Cut a small circular piece from a sheet of smooth note paper and place it directly over the wounded pulp, patting the edges down neatly and cautiously ; then fill the entire cavity with a thin paste of oxychloride of zinc. If nicely done, the tooth is not likely to ache, the creasote coagulating the exudation from the pulp, and allaying irritation. If there is no *irritation*, there can be no *inflammation*, and the chances of success are more favorable. This should be guarded against, and for this reason he uses the paper cap, which not only prevents the chloride of zinc from touching the pulp, but is one of the best non-conducting agents of thermal changes that could be introduced in the same space. The tooth thus filled should remain in this condition a week or month, that the zinc may become quite hard ; then remove the greater portion of it and refill with gold. A sufficient thickness should remain to protect the pulp from pressure during the process of consolidating the gold.—*Record*.

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### The Philosophy of Cataplasms.

The *Journal des Connaissances Medicales* publishes an article, by Dr. Herbert, on a subject which may not be uninteresting to families: viz., cataplasms, those especially which have mustard for their base. The seeds of the black kind, which, in a pulverized state, are used for poultices, owe their proprieties to a liquid, acid, and volatile substance, being nothing but essence of mustard. This, however, does not exist ready formed in the seed ; it is generated by a kind of fermentation, caused by the action of an albuminoid body, called myrosine, which plays the part of leaven, on a peculiarly fermentescible compound, mysonate of potash. This transformation which has been called *sinapisic*, can only take place by the in-

tervention of water at a temperature higher than freezing point, and lower than seventy-five deg. centigrade, those being the usual conditions requisite for producing fermentation. This is a circumstance which is not commonly taken into account in practice. The generation of essence of mustard diminishes under temperature ranging between fifty deg. and seventy-five deg. centigrade, and entirely ceases at the latter. Hence, boiling water, or even such that cannot be born by the hand, will spoil both the poultice and the sinapized foot-bath. Again, alcohol, acids, metallic salts, and any other agents having the power of stopping fermentation or retarding it, are detrimental. Besides the two principles mentioned, through whose joint action the essential oil of mustard is produced, the seeds of this plant contain various others, among which there is a fixed and inactive oil, having some of the properties of that of rapeseed, and which may easily be extracted from mustard-powder, either by strong pressure, or, better still, by acting upon it by lixiviation in sulphuret of carbon. When this oil is extracted, what remains is much more powerful, and will, moreover, keep indefinitely. Many years ago, M. Robinet attempted to bring this mustard-flour, deprived of its fixed oil, into general use; but prejudice and routine proved too strong for him; and it was not until this powder was gummed to paper, then cut into squares, and sold in elegant tin boxes, that it came into fashion. But what every family should keep in mind is this, that mustard poultices ought not to be made with hot but lukewarm water.—*The Druggist*.—*N. Y. Med. Journal*.

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### The Relation of Pulmonary Hemorrhage to Phthisis.

Dr. Felix Niemeyer has a paper upon this subject in Nos. 18 and 19 of the *Berliner Klinische Wochenschrift*, 1869. The following are his conclusions:

1. Not all persons, by any means, who suffer from capillary, bronchial, or pulmonary hemorrhage, are or become consumptive.

2. Consumption not rarely follows up capillary, bronchial, and pulmonary hemorrhages, but there is no generic connection between the hemorrhages and the pneumonic processes which generally form the starting point of consumption. The persons who are predisposed to those hemorrhages, have also a predisposition to the above named inflammatory processes.

3. Capillary, bronchial, and pulmonary hemorrhages not infrequently lay the foundation of consumption in persons in whose lungs neither tubercles nor pneumonic centres are present; and when they do so, it is through cheesy metamorphosis of the blood remaining in the alveoli of the lungs, and the product of the inflammation caused by its pressure.

4. In the same way bronchial and pulmonary hemorrhages hasten the course of an already existing phthisis.

6. In rare isolated cases the hæmoptysis is not the cause, but the result of pneumonia process, which finally lead to consumption. Such cases are readily recognized, inasmuch as the hemorrhage is usually accompanied with, or preceded by, fever and other inflammatory phenomena.

6. The blood which remains in the alveoli, and with the pneumonia infiltration undergoes cheesy metamorphosis, not unfrequently occasions an eruption of miliary tubercles.—*Med. and Surg. Reporter.*

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## Editorial Department.

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### Meeting of the American Medical Association.

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The American Medical Association will hold its next annual meeting in Washington, May 3d, when it is to be hoped the profession from all parts of the country will be fully represented. In our last issues we published the committees from whom reports may be expected, many of which will be of the greatest interest. In addition to this, considerable medical legislation may be expected, which will be of the greatest importance and should be watched and protected by all interested. It is believed that this meeting will be one of the most interesting and profitable ever held by the association, and we hope that the various societies and institutions of the country will be represented by full delegations.

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### Professional and Personal Quarrels.

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In New York, Boston, Chicago and some other cities, members of the medical profession are fully engaged in professional and personal quarrels. Looking matters over from an outside standpoint we conclude that truly, "people who live in glass houses must not throw stones." Who of the combattants are going to have their windows shadowed or darkened does not yet appear, but really the whole profession is liable to be lowered rather than elevated; practices are exposed in physicians holding the most honorable and responsible public positions, which if shown in the conduct of the most unpretending private practitioner, would stamp him as charlatan and cheat. We have received various pamphlets setting forth in detail, both sides of pending controversies but have not space or inclination to give any detailed account of their contents. We desire to conceal and cover all the faults of the profession which we cannot correct.

## Notice to the Public.

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We are happy to announce to the citizens of Buffalo that a most unblushing and ignorant quack, who last season fleeced them of their money and then obtained certificates of having cured them of diseases they never had, taking his pay in advance and at fabulous prices, has again returned. He may be consulted as formerly at all hours, and cures all diseases regarded incurable by regular physicians, gives no medicine, but by miraculous inherent curative qualities is enabled to relieve by a few sittings the most obstinate cases. A few respectable and well known families, who have nothing at all the matter, will be treated gratuitously for the consideration of a "testimonial." Irregular practitioners having obstinate cases, are invited to hold consultations with him; to a few such the great secret of his cure will be explained. The daily press are also notified that should his stay be prolonged and prove usually remunerative, editorial (?) puffs will be paid for in cash. Copy furnished by the Doctor's own pen.

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## Items, Selections and Remarks.

BY W. W. MINER, A. B.

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Transfusion was recently performed in Dublin, by Drs. Beatty, Colles and McDonald, on account of uterine hemorrhage, and with complete success. Two more quite successful cases of transfusion are reported from Heidelberg.—The common carotid artery, in a person who had been stabbed, was recently ligated by Dr. Marquardt, of Thorne, Germany. The ligature came away in twenty days and the patient fully recovered.—Prof. W. H. Byford, of Chicago, recently removed a horse-shoe pessary two and one-half inches long and one and three-fourths inches from side to side, from the bladder of a young married lady, where it had been inserted through the mistake of a physician and where it had remained three months.—Dr. Mason exhibited to the New York Pathological Society, Feb. 9th, the skeleton-foot of a dissecting-room subject, with two internal cuneiform bones. He had only been able to find three similar cases on record.—*Record*.—Dr. J. Buchser reported a short time since in the *Record*, a successful case of transfusion. Three ounces of defibrinated blood were injected into the median basilic vein of a lady who was in the convalescent stage of typhoid fever, but whose respiration numbered sixty per minute and her pulse one hundred and forty. The operation lasted one-half an hour and was followed by immediate improvement.

An effort is being made to establish a Medical Society in East Virginia.—A move is being made in San Francisco, Sacramento and Oakland, towards inviting the National Medical Convention to meet in San Francisco next year.—The annual meeting of the Illinois State Medical Society, will take place

at Dixon, Lee County, Tuesday, April 17th.—The second annual meeting of the Minnesota State Medical Society was held at St. Paul, Feb. 2.

The "New York State Hospital for Diseases of the Nervous System," recently incorporated, has for its object the gratuitous treatment of "indigent persons who may be affected with acute or chronic diseases of the nervous system, especially epilepsy and paralysis, but excluding insanity;" and clinical instruction to physicians and students in such branches of medicine. Dr. Wm. Hammond holds the position of physician-in-chief; Dr. Vance as assistant physician, while Drs. Flint, Ellicott, Wood and Sayre, constitute the consulting board.—The directors of the Mount Sinai Hospital, New York City, have decided to erect a new building on Lexington avenue whose cost is to be \$300,000, and the corner stone of which is to be laid in May.—An association of the Alumni of the Jefferson Medical College has been formed, of which, Prof. S. D. Gross is President, and Dr. R. J. Dunglison, Corresponding Secretary.

The physician who attended Count Bismarck's son, lately wounded in a duel at Bonn, paid 160 visits to the young man. When he had ceased his visits the countess tendered him \$25.00!! He demanded 160 thalers (\$120.00.) His very moderate bill was refused. Next time he had better demand cash each visit.—The *Scientific American* states respecting a mis-statement which was somewhat current, concerning Prof. Agassiz:—"The Professor denies saying 'he did not want any who believed in the first chapter of Genesis to attend his lectures at Harvard College.' In a letter to a friend he writes, 'I seldom notice such things; it is often useless to do so, and habit has made me somewhat callous to misrepresentations, but something in the tone of your letter makes me unwilling to leave it go unanswered. I said, theological interpretation of Genesis giving 6,000 years as the age of the world, was contrary to geological evidence, and any one subservient to that idea in his remarks, could not be a geologist.'"

The *Nashville Medical Journal* adds that to contend for the literal meaning of Genesis, would be as absurd as to give no credence to it.

The Chicago Medical College conferred last month the degree in medicine upon twenty graduates, the ad eundem degree upon four, among whose names is that of Mary H. Thompson, M. D., and honorary degrees upon three gentlemen.—The Rush Medical College, in February last, conferred the degree of M. D. upon one hundred and thirty graduates; the ad eundem degree upon four and the honorary degree upon one.—Alumni Associations of both the Chicago and Rush Medical Colleges seem to be quite heartily engaged in and appear to be of value in establishment of intercourse and good will among physicians.—The twenty-fourth annual meeting of the Superintendents of Hospitals for Insane, is to be held at the Allyn House, Hartford, Conn., June 10th.—Col. Emmons Clark was chosen Secretary of the New York Board of Health, April 20th, and Dr. Moreau Morris, City Sanitary Superintendent, in place of Dr. Harris, the previous incumbent.

It will be seen from the *Dental Cosmos* that the degree of Doctor of Dental Surgery (D. D. S.,) has been conferred, within the last two months, by the Phil-

adelphia Dental College upon forty-one graduates; by the Pennsylvania College of Dental Surgery upon thirty-eight graduates and three practitioners; by the Baltimore College of Dental Surgery upon twenty-four graduates; by the New Orleans Dental College upon five graduates and several honorary recipients. The Dental School of Harvard University conferred, March 9th, the degree of Doctor of Dental Medicine (D. M. D.,) upon twelve graduates.

F. B.— writes us if the hypodermic injection of Ammonia proves useful in cases of snake bite as seem to be affirmed by Prof. Halford's experiments, its use in hydrophobia would also be likely to be of service. We notice that B. Wills Richardson, in a case of poisoning from one drachm and one half of tincture aconite, made hypodermic injection of one-half drachm of liquor ammonia at three times, and the patient slowly recovered; he suggests the trial of this agent in hydrophobia and also in chloroform poisoning.—Sir Henry Thompson, in a recent lecture, gave his opinion in regard to the endoscope. He considers it almost valueless. In nineteen cases out of twenty, it is unnecessary and in the twentieth, difficult of management, and a source of pain to the patient. He does not utterly repudiate it, but his testimony will give it a quietus. He says that it is essentially the same instrument as that used by Mr. Avery, of London, twenty-five years ago.—*Richmond Medical Journal*.

Dr. Andrews, a London chemist, announces that he has experimentally demonstrated that the transition of carbonic acid from the state of a gas to that of a liquid is a continuous process.—Italian naturalists propose to effect a reform in the chemical nomenclature of organic bodies, which subject comes before their next congressional meeting this year.—The *Reporter* says that a new and very delicate test for arsenic has been discovered by Bettendorf. Its sensibility is so great that it is said to be capable of detecting one part of arsenic in a million parts of solution; and the presence of antimony does not affect it. In order to apply this test, the arsenious, or arsenic liquid is mixed with aqueous hydric chloride (hydrochloric acid), until fumes are apparent; thereupon stannous chloride is added, which produces a basic precipitate, containing the greater part of the arsenic as metal mixed with stannic oxide.

Dr. Ambrose Tardieu is well known all over the world as an expert and a teacher of forensic medicine. But he is not so devoted to the science that it prevents him from being a violent Bonapartist. When Prince Pierre Bonaparte murdered Victor Noir, the first physician summoned was a general practitioner in the immediate vicinity. He was replaced in a few hours by Dr. Tardieu in his official character as an expert. Dr. Tardieu declined all assistance or information from the general practitioner, and made up his report solely from his own observation. More than this, his expressions and report were plainly intended—so at least, all who differ from him in politics say—to shield the prince from the results of his crime. On his appearance in the lecture room after the trial, the students hooted and hissed him to such a degree that he said he would resign his chair. Since then the school has been closed till the first of May by the government.—*Phila. Reporter*.

M. Poiseuille, the inventor of the hæmodynamometer, has lately died in Paris at the age of seventy-one.—Prof. Helmholtz has been elected corresponding member of the Paris Academy of Science.—Dr. D. Hayes Agnew has been appointed to the newly established chair of Clinical and Operative Surgery in the Medical Department of the University of Pennsylvania, and Dr. H. L. Hodge, Jr., has been appointed Demonstrator of Anatomy, in the same institution, a position which Dr. Agnew has lately resigned.—Dr. J. C. Peters has terminated his editorial connexion with the New York Medical Gazette.—Professors Hun, Quackenbush, Vanderpoel and Mosher have resigned their positions in the Albany Medical College.

Prof. Billroth, of Vienna, has witnessed 12,500 cases of anæsthesia from chloroform and has seen but one death from it.—M. Jonon, a professor at Nantes, has successfully performed ovariectomy on a patient aged twelve years.—Small Pox is epidemic, at the rate of 90 to 100 deaths per week, in Paris.—*Gazette*.—Dr. John H. Packard, recently presented before the College of Physicians of Philadelphia, a specimen of united intra-capsular fracture of the neck of the femur. The specimen was referred to a committee, who reported:—"After careful study of the specimen, we are convinced that it is one of bony union of an impacted intra-capsular fracture of the cervix femoris."—A New York coroner's jury found a verdict, April 5th, of death, in a case of delirium tremens, from congestion of the brain occasioned by the overdosing of morphine by a physician who also wrote "essentia somnolentia" in his prescription, meaning morphine; and this private nomenclature he was in the habit of using so as to obtain his percentage from the druggist who was "doing his prescription business."

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### New Treatment for Colles Fracture.

The Medical *Record*, for April 1st, contains Prof. E. M. Moore's paper, read before the State Medical Society at its last meeting, entitled, "A new treatment for Colles Fracture of the Radius, with remarks upon a New Luxation of the Ulnar." The paper we understand received marked attention at the meeting of the State Medical Society, and receives very favorable consideration by the Profession everywhere. The article is illustrated by cuts and is worthy of careful perusal.

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### Albany Medical College.

Dr. Thomas C. Durant, of New York, a graduate of the college and an early student of Drs. March and Armsby, has given \$15,000 to endow the "March Professorship."

Drs. E. R. Peaslee and Meredith Clymer, of New York, and Dr. Wm. P. Seymour, of Troy, have accepted chairs in the new Faculty.

## Medical Department of the University of Buffalo.

At a regular meeting of the Faculty of the Medical Department of the University of Buffalo, Prof. Charles A. Lee, was appointed delegate to the National Convention for revising the Pharmacopœia to be held in Washington the first Monday of May next.

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## Michigan University Medical Journal.

This journal is to be published under the auspices of the University of Michigan, the Faculty of the Medical Department acting as editors. Under this able management we confidently expect success in the undertaking. We welcome it right cordially to our list of exchanges.

## Books Review.

*A Practical Treatise on the Diseases of Children.* BY J. FORSYTH MEIGS, M. D., and WILLIAM PEPPER, M. D., Philadelphia. LINDSAY & BLAKISTON.

This is the fourth edition of Meigs on the diseases of children, greatly enlarged and improved by chapters upon a large number of new subjects, and also by a very copious index, which facilitates reference, and makes the work more serviceable to the practitioner. As now enlarged it is one of the most complete and comprehensive works of its class, and will meet the wants of the profession in this department most admirably. The authors have devoted considerable attention to the treatment of disease, have introduced the opinions of other authors, and given the results and investigations upon which their opinions are based, or the reasons which have induced to change their views and modes of treatment. Mercury in the treatment of cholera infantum and diarrhœa is nearly discarded. Of its use in pleurisy they quote from Horace Miller: "Formerly I gave mercury to all cases of primary pleurisy, but this practice I have discontinued, except in the form of an aperient. Instead of it, salines, such as acetate of ammonia, nitrate of potash or soda, the citrate of potash, and nitrous ether, are given." They then say: "The experience we have had since we last wrote has not at all increased our faith in this remedy. We believe that as time goes on, and knowledge grows, there is good reason to think that the good effects formerly ascribed to calomel in such a variety of diseases, were due to the medicine given with it, and particularly the opium, (without which it was not often used,) the ippecacuanha, the salines, and even the antimonials." Of blisters in pleurisy, they also speak in this wise: "Blisters are very generally applied in the acute form, to relieve pain and dyspnœa, and, in chronic, to hasten the absorption of the effused liquid. We did not



apply them in the cases under our charge, having succeeded very well without." In this quiet and unpretending manner they try to educate physicians to discontinue the use of objectionable and unnecessary, not to say, injurious medication. But we suppose that several new editions of this and similar works will appear before great impression will be made upon former practices. It requires great force of argument to overcome established habits. We shall probably continue to give calomel to increase the biliary secretion for a hundred years after it is proved to have no such action, and to diminish, rather than promote it. We shall continue to apply blisters, and give antimony, and by various other means make sick people much sicker, until, as our author says: "Knowledge is greatly increased." This work seems to be very well up with present knowledge, old errors are carefully exposed, but old barbarisms are not attacked in some instances, with so efficient words as could be desired, and the former routine of treatment is repeated as though it were essential to the completion of the subject. We firmly believe, that at no distant day, the real value of therapeutic measures will be understood and independently expressed.

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*Bennett's Practice of Medicine. Fifth American from the Fourth London Edition.* WILLIAM WOOD & Co., 61 Walker street, New York.

Not many months since we had occasion to speak of the work, and then gave as complete an idea of its character and scope as space would permit. Looking over the present edition we find addresses and improvements, better expressed by the author in his preface than otherwise. This work is in some respects, at least, more attractive than almost any other, both to the student of medicine and the general practitioner. It is better illustrated; takes in a wider range of subjects, and embraces the most recent investigations. A better idea of it will be gained by the following quotation from the author:

"In Section II. I have introduced an account of the molecular and cell theories of organization, and re-written descriptions of the general laws of nutrition and of enervation in health and disease, of inflammation, and of tuberculosis. In a note appended to the general treatment of morbid growths, I have inserted a letter from M. Velpeau, in which that distinguished surgeon has, from numerous cases in his practice, demonstrated the correctness of the opinion I long ago formed, on pathological grounds, viz., that true cancer may be permanently extirpated with the knife. The facts he has recorded ought to put an end to further discussion on the subject.

In Section III. I have introduced new considerations on the subject of General Therapeutics, and have referred, under distinct heads, to the natural progress of disease; the knowledge derived from an improved diagnosis and pathology; the fallacy of the change of type theory; an inquiry into our present means of treatment; and the proposition that physiology and pathology constitute the true foundation for medical practice. Regarding these subjects, which

constitute important principles of our science, I shall be satisfied if their perusal should induce my readers to reflect on the uncertainty of our art, and stimulate some of them to renew investigations as to the exact value of remedies in the treatment of disease

In Sections IV., V. and VI., several new subjects, and many valuable cases, have been introduced, which it is hoped will render the account given of the diseases of the nervous, digestive and circulatory systems, more useful to the medical practitioner.

In Section VII. I have tabulated every case of acute Pneumonia treated by me in the Royal Infirmary of Edinburg since the year 1848, in order to satisfy my medical brethren that the restorative (not stimulating) treatment of the disease is in every way well worthy of their confidence. The facts shown by that table also will, I trust, serve to correct some prevailing errors, and establish a few new truths.

In Sections VIII., IX. and X. are many additional illustrations and new cases; some of the latter, illustrative of albuminuria, with increased secretion, from waxy degeneration of the kidney, are deserving attention. I trust to be excused for having still further defended my claim to the discovery of Leucocythemia. The subject of Diabetes has been extended by cases taken with great care, and a laborious trial of sugar as a remedy in that disease recorded. Certain views concerning the diagnosis and etiology of Typhus and Typhoid Fevers have been re-investigated. A very careful trial of the wet sheet in Scarlatina is detailed, and a singular new fact in the history of mercurial poisoning illustrated.

These, and numerous other additions, which it is calculated have increased the work to the extent of three hundred pages, I have, by curtailments, compensation, the employment of closer type, and a slight enlargement of the page, been able to effect without adding to the bulk of the volume."

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*Glaucoma ! A paper read before the Medical Society of the State of New York.* By HENRY D. NOYES, M. D.

This is a most excellent article upon Glaucoma and is now placed before many of our readers in the volumes of the Transactions of the New York State Medical Society. We bespeak for it a careful perusal.

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*Transactions of the Nineteenth Annual Meeting of the Illinois State Medical Society.*

The volume of transactions of this Society is exceedingly creditable to the profession of the State. The reports of greatest interest are on Obstetrics, by H. B. Buck, M. D.; on Placenta Previa, by B. H. Cheney, M. D.; on Drugs and Medicines, by N. E. Davis, M. D.; Report on Insanity, by Committee; on Staphyloraphy, by Moses Gunn, M. D.; on Practical Medicine, by Committee; Supplemental Report on Epidemics, by D. L. Jewett, M. D.; on Extraction of Cataract, by J. S. Hildreth, M. D.; on Lenient Medication, by E. Ingals, M. D.;

on Aphasia, by Henry Hurd, M. D.; Statistical Diseases of the Eye, by E. L. Holmes, M. D.; and report of committee on Necrology.

All these reports are well prepared and many are of very great value, on account of the original observation, and great care which has been bestowed upon them. We hope this society may long continue as active and prosperous as its learned volume of transactions now show it to be.

## Books and Pamphlets Received.

A Practical Treatise on the Diagnosis, Pathology and Treatment of Diseases of the Heart. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine, in the Bellevue Hospital Medical College, etc. Second Edition, thoroughly revised and enlarged. Philadelphia; Henry C. Lea.

A Hand-Book of Operative Surgery. By John H. Packard, M. D., one of the Surgeons to the Episcopal Hospital, Secretary of the College of Physicians of Philadelphia, Author of a Manual of Minor Surgery, etc. With fifty-four steel plates and numerous illustrations on wood. Philadelphia; J. B. Lippincott & Co. For sale by Breed & Lent.

The Preventive Obstacle, or Conjugal Onanism. By L. F. E. Bergeret, Physician-in-chief of the Arbois Hospital. Translated from the Third French Edition, by P. De Marmon, M. D. New York; Turner & Mignard, 109 Nassau street.

The Bible in the Public Schools. Opinions of Individuals and the Press, with Judicial Decisions. New York; J. W. Schemerhorn & Co, 14 Bond street. Price twenty-five cents.

Population: Its laws of Increase. By Nathan Allen, M. D., Lowell, Mass.

On the "Sedative" Action of Calomel in Disease. By Frederick B. Lente, M. D., Cold Spring, N. Y.

Valedictory Address to the Graduating Class of Jefferson Medical College, at the Forty-fifth annual Commencement, March 12th, 1870. By J. Aitken Meigs, M. D., Professor of the Institute of Medicine, etc.

Catalogue of the Officers and Students of Lafayette College, for the year 1868-70. Easton, Pa.

Correspondence concerning a Fatal Case of Placenta Previa. Prepared by Chas. E. Buckingham, M. D., Professor of Midwifery and Medical Jurisprudence in Harvard University.

Reply to Dr. Lewis A. Sayre's Review of Dr. Ruppanner's case of Laryngo-Tracheotomy, to which is added a full account of the great Poisoning case by Partridges at the Fifth Avenue Hotel. By A. Ruppanner, M. D., Physician to the New York Dispensary, for diseases of the Throat and Chest, etc.

Reply to Dr. C. A. Robertson's Review of the Report concerning the last illness of Dr. Alden March. By James McNaughton, M. D., Professor of Theory and Practice in the Albany Medical College.

Proceedings of the Homœopathic Medical Society of the State of Ohio. Fifth Annual Session, 1869.

Intermarriage of Kindred. By Alexander Wilder, M. D., President of the New York State Eclectic Society.

The Technologist: Especially devoted to Engineering, Manufacturing and Building, New York.

The Arts: Devoted to Science and the Arts, Chicago.

The College Courant. Chas. C. Chatfield, A. M., New Haven, Conn.

Catalogue of the Old Colony Nurseries. B. M. Watson, Plymouth, Mass.

Every Saturday. Boston, Fields, Osgood & Co.

B U F F A L O

**Medical and Surgical Journal.**

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VOL. IX.

MAY, 1870.

No. 10.

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Original Communications.

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ART. I.—*Address before the Convention of Delegates from Medical Colleges. Held in Washington, May 2d, 1870.* By DAVID W. YANDELL, M. D., *Prof. of Clinical Surgery in the University of Louisville, Ky.*

MR. PRESIDENT:

I beg to ask here just two questions: Can the recommendations of the committee be carried out so as to be made effective? Is it expedient to carry them out? The first inquiry I, myself, answered unhesitatingly that there does not exist to-day, in this country, anywhere a power which can make such requirements obligatory or binding upon any person. There is, in my judgment, no authority delegated to, or resident in anybody, by which a single student of medicine in all this land can be compelled to possess the preliminary knowledge and acquirements set forth in the resolution now under consideration. And unless such a power exists, unless we can be invested with some such authority, why go again through the empty farce of committing ourselves to it? Delegates have addressed this Convention as though we, the teachers, the representatives of the schools, had nothing further to do than to issue a kind of pronouncement touching the preliminary acquirements of students, when lo! every applicant for our tickets would henceforth come as a Latinist, as well grounded in the Greek, and strong

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in the higher mathematics. My distinguished friend, Prof. Hammer, of Missouri, has indulged in even more than the usual amount of declamation about the honor, and glory, and dignity, and usefulness, and beneficence of our noble profession. He has paid the accustomed tribute to the all-pervading sun of science, and altogether has done that part of the business in a most admirable way. He would have all doctors most learned pundits—all students of medicine finished scholars before they could enter the sacred temple of the Gods of Medicine, or enlist, even in the humblest capacity, in the ranks of the mighty army which is so unceasingly advancing on the great enemies of our race—disease and death. All of us have heard very much this same talk many times before. Most of us have indulged in it more or less. It has, I suppose, its uses. It makes up the staple of a large number of introductory lectures, and is generally thought to be popular with the public. We, down in my country, call it *gush*. Another word for it is *bosh*. I know some very clever people who think teachers have gushed quite enough on these topics. The war did the business for *gush* among most of my people. We have abandoned it. We have come now to take things as they are; we *gush* about them no more. We take people as we find them. We take the world as it is. We regard that unfortunate class of our fellow citizens, which anticipates becoming our successors in legitimate medicine, as being just as good as we were when we stood where they stand to-day. I know this isn't just now the fashionable idea, but it is the one we hold to in Kentucky. These young men who are to succeed us are the children of our friends, of our associates, our neighbors, our patrons, our equals. We even believe they know as much as we did when we began. Nay, more; we actually expect that they will know more than we do now when they come to be as old as we now are. Their attainments are as varied, as solid, and in every sense as respectable, as ours were. Their zeal is as noticeable, and their ambition is as great, as ours were. We were driven to admit that they are even as good as we were. Yet, forsooth, we are gravely told by certain delegates, that because these unfortunates are not *more* learned than we were; because they cannot do what the fewest of us could do when we began, what many of us cannot do now; because they have no knowledge of the Greek, and are ignorant of

the Latin, and unfamiliar with the higher mathematics, they must be denied admission into our colleges; that, because the country doesn't produce classical scholars who wish to study medicine, schools must cease to make doctors. And the several medical institutions now in our land are urged, with some very lofty airs, to close their doors on all such young men as are deficient in these, as we are told, the essentials of a professional education. I should like to ask you, Mr. President, how many teachers of your acquaintance are competent even to examine students in the branches laid down in this resolution, which have so suddenly grown to be so nearly indispensable to admission into our schools? How many of our professors of medicine, do you believe, can read a sentence in Greek, or a page in Latin? All this talk about classical learning is the sheerest stuff; and in dwelling upon it with such tenacity, we but show ourselves to the world a pack of solemn shams. There isn't one of us who doesn't know that an acquaintance with the dead languages is not *necessary* to the completest understanding of the diseases of the living, teeming people of the world. Great physicians, consummate masters of the healing art, men sought after because of their unequalled skill, from all parts of the land, there are to-day, and will be, I doubt not, a hundred years hence, who don't know the Greek alphabet, and couldn't, to save their necks, parse a line of Latin. I will not detain you by citing individual instances of men, who, having shed lustre upon all of medicine, have been gathered to their reward in happy ignorance of the classics. They will occur to the minds of my hearers. Nor have I occasion to go further than this audience to establish the truth of what I say. When you and I, Mr. President, selected the profession of medicine as our calling, could either of us have engaged in its study had this resolution been in force? Could you read Greek? Were you familiar with Latin? Had you gone any great distance in the mathematics? And yet, sir, you have succeeded beyond most men. All the honors within the gift of the profession have been heaped upon you; to-day you stand, confessedly, at the head of American Surgery. You have been this moment elected President of all these learned Thebans. Must you turn now, and exact of the student what you, yourself, did not possess at his age, "a sufficient knowledge of the Greek and Latin to enable him to understand the

technical terms of the profession?" Why, sir, if this sufficient knowledge doesn't mean a thorough knowledge of those languages, then it means nothing. And besides all this, the embryonic Esculapian must be conversant with mathematics. I beg to offer the following problem to my friends of a mathematical turn of mind. If this resolution be adopted and could be enforced, how many students would there be in attendance upon lectures the coming winter, and how many teachers would there be capable of examining them in these prerequisites of medical education? I fancy there would be proportionally as large a falling off among the teachers as the taught. Again: Would medical education cease, and no more of these ignorant youngsters—who are such bug-bears to some of my learned friends—be turned loose upon the world? Not at all. The same law which controls other matters in this world, regulates the supply and quality of doctors. The old law of supply and demand applies to physicians, just as to other men and other things; nor can we reverse it. What the people want, the people will have, the people will finally get. If they want physicians skilled in medicine and learned in the classics, such physicians will be produced. But, I ask, *do* our people demand such? If so, I should be glad to see the evidence of the fact. If the mathematical wing of this convention be in possession of it, let them produce it. If such physicians are demanded, why is the material for their production not furnished? The schools can use only such material as is sent them. The schools can't require of their pupils a degree of scholarship in advance of their surroundings. The schools cannot demand of their students classical attainments beyond and above those exacted by the law and the ministry. Why may we not profit by the practice of the courts in this matter? The student of the law applies to the courts for license to practice his profession. The learned court examines the trembling aspirant on the law and the practice, not on Cæsar and Xenophon, and if his answers be satisfactory, he is invested with the coveted degree. Shall we do more? Are we better than they? I have already said that the schools have no power to say, "You shall know Greek, and Latin, and mathematics, or you shall neither study nor practice medicine." The coming doctor would snap his finger in your face for your pains. And if the schools *had* the power, to say that they would

exercise it, is but another bit of *gush*, a huge piece of *bosh*, so exceedingly transparent that it deceives no one, not even ourselves. The man who is sick pays his money for professional skill, not for classical lore. The surgeon who reduces a dislocation most deftly; who is tenderest, gentlest, firmest, and handiest; the physician who is the most careful, most observant, most sagacious, most sympathetic, and promptest, will always win in the long run, though he may not know a Greek character, or own a Latin grammar.

Yet, while I say all this, let no one charge that I undervalue scholastic attainments, or think lightly of preliminary education. I should indeed be glad to see every physician learned in the classics, as well as in medicine. We have authority for believing that he would be happier—that it would soften his manners, and refine his tastes, and increase his dignity. And I do not deny it. “But the old trouble still presses upon us;” art is long, life is short. Year by year medicine extends its boundaries, and each succeeding conquest but adds to the difficulty of making ourselves masters of the situation. To read the books which to-day are published on a single branch of surgery alone, would require more time than was needed, fifty years ago, to get through a complete medical library.

Again: After all that has been said about preliminary education, are you, yourselves, agreed either as to what, or how much, the student shall know before he can enter our colleges? By no means. Your opinions are almost as diverse as the States you represent. One teacher proposes to omit the Greek. Another, equally experienced, suggests that a knowledge of neither the Latin nor Greek be required, but holds fast to the mathematics. Another declares that he would be content if the medical student could have a sound English education, while my distinguished friend from Maryland is almost persuaded that the “*examen rigorosum*” of the University of Berlin should be instituted in our colleges.

Sir, the profession in this country is a law unto itself. It needs not to cross the Atlantic to learn its wants, or how to supply them. The rules which govern the medical student in Europe cannot yet, at least, be applied to the student in America. The “*examen rigorosum*” of Prussia may, and doubtless does, tend to make most erudite physicians. It has yet to be shown that it makes practitioners who are more successful than the unfortunate persons who get their



diplomas from our much abused colleges. When my excellent friend has been longer engaged in his new calling, that of editing a medical journal, he will realize that all the scholarship of the profession will not die with the professors; and it will not be long before he will be glad to get communications for his admirable periodical, written by teachers, in even passable English. He won't have it in his kindly heart to apply the "*examen rigorosum*" to their articles, though he is half inclined to set it up for the student.

I have another problem for the mathematical section of this convention: If this system, under which we are working, is so defective, and so altogether abominable, how is it that we have so many great doctors throughout the country? How does it come to pass that we have such an array of renowned teachers here to-day? With a single exception every one of us is a graduate of an American medical college. But one, of all this grave and learned assembly, has a European diploma—but one has undergone that rigorous examination of which we have heard, and yet I feel safe in saying that each and every one of us enjoys the respect, the confidence, and the esteem of the community in which we live. Otherwise we should not be here.

We have been threatened by some of the more enthusiastic of our members, that unless this convention do something, the National Medical Association, which is to meet here next week, will take the matter in hand, and do the business for us. I wish it would. I should like to see how it would go about it. The National Medical Association has its work. We have ours. A year ago we were warned that, if in no other way, the necessary reforms would be effected by "an uprising of the people." The time for this interesting event has not been fixed. All I have to say concerning it is, that when the uprising occurs it won't get very high, or last very long. The people will soon get back to employing the doctor that suits them the best, without being over-nice as to what diploma he has. Communities have quite a summary way of disposing of such matters. If they don't like the doctors in their midst, they import others or seek, elsewhere, the aid they require. I hold that it is not on the people, but on itself that the profession must rely. This convention is helping it. The Medical Association is helping it. And if "this great society will go on in the

path it has been pursuing, trusting for results to its wise suggestions and its incidental influence, and never turning its thoughts to legislation, it will yet do much more for the profession." The moment that it forsakes this policy it may bid adieu to its power; the moment that it assumes the role of a law-giver, it will cease to be an influence. It may advise. It may suggest. It may urge. Let it not attempt to compel. This restless, driving, pushing, swift, all pervading Anglo-American people would not brook, for a single instant, any such compulsory legislation. When one of its number decides on medicine as a calling, he will begin its study. In due time he will apply at your colleges. If you refuse him admission, nothing daunted, not even in the least disconcerted, he will buy the books he wishes, and when he has thumbed them as long as he thinks necessary, he will tack up his shingle, prefix the title of doctor to his name, and practice on whomever chooses to employ him. Nor have we, the teachers, nor has the National Medical Association, any means to prevent or hinder him. To acquire such power would demand a change in the organic law of the land so radical, so utterly revolutionary, that even the most Utopian of us all would hardly dare hope for it. Then why talk about it? Why meet, year after year, and try anew, schemes that every practical man here knows are impracticable. I am unwilling to countenance such wholesale legislation; because it is useless, because it is absurd. Haven't recommendations and resolutions, touching all this subject, been annually repeated by the National Medical Association for nearly a quarter of a century, to be disregarded just as often and so long by some of the leading colleges of the country?

I have just here another problem for the mathematicians. If twenty-two years have been exhausted in the fruitless endeavor to induce certain leading colleges in the East to adopt the simplest suggestions of the National Medical Association, how many years will it require to educate the medical students of the country up to the standard of the resolution we are considering? If, as I state, some of the colleges of the East pay no heed to the oft-repeated wishes of the Association, shall those of the West be required to do so? Every one here present must be aware that if the Western schools had endeavored to enforce the resolutions of the Associa-

tion, many of their students would have found their way to the East. Starting from beyond the Mississippi they would, when denied admission at St. Louis, because they fell short of the necessary requirements, have gone to other western schools to meet the same fate. Does any one here believe they would have gotten further East than Philadelphia? Do you think, sir, they would by any possibility have found their way through the great State of Pennsylvania to the city of New York?

But, Mr. President, to change the style of my remarks, and bring them to a close, I beg to suggest a platform on which we may all unite. I propose that we give more thought to the teachers, and less to the taught; more thought to the character of the schools, and less to the scholars. There are many thousands of the latter. Instead of inveighing against the ignorance of the pupil, let us improve the scholarship of the professor. Finally, let us all endeavor at least to live up to the requirements which have been so long upon the statute-books of the National Medical Association, and nominally accepted by all the faculties of the Union. It will be something to do that. When we all, in good faith, take the first step, the rest may not be so difficult.

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ART. II.—*Catarrh of the Uterus.* By G. W. HAMILTON, M. D.,  
*Orangeville, Ohio.*

Catarrh of the uterus, uterine leucorrhœa, inflammation of the lining membrane of the uterus, followed by congestion, and terminating in hemorrhage (menorrhagia,) or suppuration (leucorrhœa,) may terminate just as inflammation in any other organ. In young females, of a delicate constitution, it is common to find a secretion of mucus at one or two monthly periods preceding the development of the catamenia. This discharge will frequently continue after the development of the catamenia, between the menstrual periods. It produces great debility by its continual drain upon the system, and impoverishes the blood in the same manner that a chronic ulcer, in any part of the body, would. If no treatment is adopted, it may continue for years. The principal, predisposing causes, are a scrofulous habit, want of, or, too much exercise, improper food, late hours, insufficient clothing, wet feet, and anxiety

of mind. The literature of the present day, producing by a morbid state of the mind, is a very common cause. The principal exciting cause is irritation. This may be from cold, abortion, child-bearing, irritating injections to cure some fancied disease, or onanism. Onanism is the principal cause in young females; as we verily believe this is practised to as great an extent among females, as males. It is a delicate subject, but it is time that something more was done to prevent this habit, which is sending more of the young of our country to the grave and insane asylums, than all other causes combined. Let us leave this class of patients to empirics no longer; let not the physician be too delicate to expose the danger of this body-destroying and soul-ruining habit. Young females should be permitted to exercise freely in the open air; and run, and romp, like boys.

*Symptoms.*—A certain degree of languor, some weakness of the back, headache, pale complexion, a sensation of weight in the pelvis, and, occasionally, of bearing down. We often find associated with it, itching of the genitals, extending up into the vagina. The patient soon becomes debilitated, the pulse weak, the skin sallow, and the eyes sunken, with a dark circle around them. The tongue is clean and flabby, the papilla not very prominent. By an examination per vaginum, we find the os a very little dilated. The discharge varies in quantity; it being sometimes very profuse, and sometimes scanty.

*Diagnosis.*—This disease is sometimes mistaken for gonorrhœa. In gonorrhœa there is a burning pain all through the genital canal; the discharge is of a dark color; there is scalding on passing urine, and some discharge from the urethra. In vaginal leucorrhœa the symptoms are not very severe; in fact, the patient often recovers without the aid of medicines.

*Treatment.*—This is a local disease at the beginning; but when it becomes chronic, it becomes constitutional, and requires constitutional treatment. Ergot, followed by some of the preparations of iron internally, and vaginal injections of a solution of the persulphate of iron; (twenty-four grains of the powder to one-half pint of water,) is a favorite prescription. I would not advise the use of the nitrate silver, or any other caustic, unless there is ulceration of

the os; cauterizing the lining membrane of the uterus, cannot but be fraught with danger. The uterus is a tender organ, but it does endure much more than we would suppose that it could. Sponge the back and lower part of the abdomen with tepid water twice a day. In cold weather require the patient to wear flannel next the skin; keep the bowels regular with some mild aperient, followed by an enema, if necessary. *Fld. ext. taraxaci*, will answer very well. Opium or conium may be given if there be much irritation. Fresh air, and moderate exercise, as riding in a carriage when the weather will permit. It will be asked how does the ergot act? It produces contraction of the uterus and capillaries. In catarrh of the uterus we have congestion, and then inflammation, followed by suppuration and dilatation of the capillaries. By giving the ergot first, we get a healthy action of the circulation. As ergot does not retard the circulation to a very great extent unless by continued use, it may be given a long time in proper medicinal doses, and without any injurious effects. The common opinion that ergot, if long continued, will produce dry gangrene, is an erroneous one; ergot is one of the best remedies for congestion or hemorrhage that we possess. In a chronic case of this disease I would recommend the *fld. ext. ergot* three times a day for three or four weeks, and longer if necessary; after which, would give some preparation of iron.

The common practice of cauterizing the lining membrane of the uterus is very injurious, but vaginal injections of a solution of the persulphate of iron are beneficial. In ulceration of the os a strong solution of the persulphate, applied with a camel hair pencil, will be found as beneficial, in most cases, as the caustic; but there are some cases which require more active remedies. Much attention should be given to moderate exercise, and the avoidance of exciting causes. Let the patient commence with exercise in an easy carriage, followed by walking and horseback riding; give her cheerful company, and moral and entertaining reading. Plain food, corn or Graham bread, weak tea and coffee, boiled rice, &c. We pay too little attention to the diet in these cases. If the patient tire of one preparation of iron, give her another, alternate with the ergot.

This is a brief outline of my mode of treatment, and of the views I entertain of the nature of this malady.

ORANGEVILLE, Ohio, March 31, 1870.

ART III.—*Death from Meningeal Apoplexy.* BY JAMES S. BAILEY,  
M. D. *Albany, N. Y.*

The busy practitioner meets daily, in nervous females, cases denominated hysteria; and so many peculiar phases do they assume, that even the most experienced observer is often in doubt as to the true diagnosis.

The necessity of great caution in making and expressing an opinion, should be deeply impressed upon the young practitioner by a history of the following case, which was in many particulars obscure until death speedily solved the mystery.

Mrs. F., aged thirty-six, was the mother of four children; the youngest, nine years old. Her catamenia appeared August 22d; on the morning of August 23d, she was awakened by a singular sensation within the cranium. She complained of headache and dimness of vision, and soon after became insensible. In the course of half an hour I saw her. She was then in a semi-conscious state, but would answer any question in the affirmative; was very restless, and would not take anything unless forced down her. Pulse normal, and extremities cool. There was no change in the pupil of the eye, and no paralysis. Six hours later she was seized with a hard convulsion, after which, bloody foamy mucus exuded from her mouth, and her breathing seemed slightly interrupted.

This continued throughout the day, as did her unconsciousness. The next morning she swallowed readily anything given her, but seemed bewildered. She now complained of intolerable headache, and could not sleep. This condition lasted about one week, and gradually subsided, followed by a stiffness of her neck, and extreme pain in her back and extremities, which continued three or four days, in spite of efforts to relieve her. She then rested well, her appetite returned, and her symptoms indicated speedy recovery. She expressed herself as feeling quite well except debilitated. Upon the morning of the 7th of September, about the same hour as first attacked, she awakened the family by making a peculiar noise. Her condition was then found to be much the same as when first attacked, with the exception of slight paralysis on the right side. There was no stertor. By 9 o'clock, A. M., she was again seized with a hard convulsion and expired.

Two years prior she miscarried, had dangerous hemorrhage, fol-

lowed by puerperal peritonitis. After this she was always anæmic. Her urine was not albuminous.

Autopsy, seven hours after death—body spare but not emaciated ; skin dusky. Head—there was a large clot in the arachnoid cavity, covering the convolutions lying under the left parietal and temporal bones ; smaller one on the corresponding part of the right hemisphere. Base of brain and sheath of spinal cord enveloped in a thick clot of blood. The left ventricle was filled with a clot which had partly escaped into the right ventricle, through the foramen of Monro. The fourth and fifth ventricles were also filled with clots. All of these clots appeared fresh, as if recently effused. At the lower part of the left hemisphere in the cerebral tissue was another isolated clot, which was partially discolored, and the brain substance around it was stained yellow and somewhat softened. Thorax—lungs and heart normal. Abdomen—liver large and elongated, spleen and pancreas normal. Both kidneys were very large, covered with cysts, some of which contained a straw colored and others a dark grumous fluid. The left kidney which was rather the larger, measured 11 inches in length by 4 inches in width.\* Uterus normal in size and appearance. Os tincae rather strawberry-like. Ovaries large and a fresh *corpus luteum* found in the left one.

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## Miscellaneous.

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### Twenty-first Annual Convention of the American Medical Association.

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The convention was called to order at 11 A. M., by the president, George Mendenhall, of Ohio ; William B. Atkinson, of Philadelphia, secretary.

Professor F. G. Smith, of Pennsylvania, L. A. Sayre, of New York, Warren Stone, of Louisiana, and J. S. Moore, vice presidents, took seats on the stage beside the president. The ex-presidents of the society also took seats on the stage.

The Rev. Dr. Boynton then opened the convention with a fervent prayer.

The President then announced that the report of the Committee of Arrangements would be read.

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\* We have received a stereoscopic view of the kidney described, and would furnish a cut of it for our Journal but for the impossibility of conveying any better idea of it than has been done verbally by Dr. Bailey. Both the case and the pathological specimen are of great interest ; every case thus carefully observed and fully reported, is a positive addition to the literature of such disease.—Ed.

Dr. Antisell, chairman of that committee, then delivered a speech of welcome, expressing himself as gratified in seeing so full a representation.

The reports of the old committees were made and referred to the proper sections.

The committee then presented the following programme:

PROGRAMME FOR EVENINGS OF MAY 3, 4, AND 5.

Tuesday—Reception by the President of the United States at 8 P. M.

Wednesday—Reception by the Surgeon General, at the Army Medical Museum, from 7 to 10 P. M.; surgical lecture in the lower hall at 8 P. M.; microscopical lecture in the lower hall at 8.45 P. M.

Thursday—Exhibition of the illumination of the Capitol dome at 8 P. M.; reception by the Mayor of Washington, Hon. S. J. Bowen, at 9 P. M.

The secretary then read the roll of membership.

The Committee on Credentials submitted a majority report, which excluded delegates from the National Medical Society of the District of Columbia, American Academy of Medicine of the District of Columbia, Howard University Medical College, Alumni Association of the Medical department of Georgetown College; also, the three city hospitals, because they consult with colored and irregular physicians.

Dr. Robert Reyburn, chairman of the Committee on Credentials, submitted a minority report. He began by remarking that the committee had disgraced itself and lowered itself to the level of a political caucus.

Dr. Davis, of Chicago, called the gentleman to order.

The minority report as made by Dr. Reyburn, is as follows:—

The undersigned respectfully protests against the admission to the approaching session of the American Medical Association of the delegates from the Medical Society of the District of Columbia for the following reasons, viz. :

These delegates represent a society which, in open defiance of the ethics of the American Medical Association, for the fee of ten dollars, issues licenses to practice medicine in the District of Columbia to homœopathic and other irregular practitioners.

This society is also irregular, and violates the ethics of the American Medical Association by claiming and exercising the power to grant licences to practice medicine in the District of Columbia, to persons who are not graduates of any respectable medical college, for the fee of ten dollars.

The undersigned also respectfully protests against the admission to the next session of the American Medical Association, of the delegates from the so-called Medical Association of the District of Columbia, for the reason that said association is composed of the same individuals that form the Medical Society of the District of Columbia, in fact, it only settles the fee bill and local ethics of the medical profession of the District, and can in no sense be called a



medical organization entitled to representation in the American Medical Association.

No medical papers, essays, or pathological specimens are printed at its meetings, and it is in fact only an ingenious device by which the Medical Society of the District of Columbia is enabled to duplicate its number of delegates in the American Medical Association.

The undersigned also respectfully calls attention to the number of delegates claiming to represent the medical profession of the District of Columbia. The total number of regular physicians in the District is about two hundred, which would give about twenty delegates, and yet it will be seen that the District delegates number about sixty-four, which is evidently unfair, and gives the District a much larger representation than it is justly entitled to.

The undersigned having already filed a written protest with the Committee on Credentials, for the reasons above given, respectfully recommends that certain gentlemen, delegates from the Medical Society of this city, be refused admission to the approaching session of the association.

The undersigned reports favorably upon the credentials of, and recommends that seats be granted to, certain named gentlemen, delegates excluded by the majority report, representing various societies and medical institutions of the District.

On motion, the report was accepted and referred to the Committee on Ethics, with instructions to report at their earliest convenience.

Dr. Tucker, of California, then moved that so much of the majority report as affected the minority report be referred to the Committee on Ethics.

Dr. Stewart, of the District of Columbia, presented a protest to the majority report of the Committee on Credentials; which was also referred to the Committee on Ethics.

Dr. Busey, of the District of Columbia, presented a protest signed by many physicians against the admission of Dr. C. C. Cox, of Maryland, as a representative from that State; which was referred to the Committee on Ethics.

Dr. Davis, of Illinois, said if they at this stage of the session gave members the right of discussion on non-important points that there would be no time for business. He hoped, therefore, that no discussion would be allowed until the regular committees had reported.

Dr. Martin, of Massachusetts, said that as a majority of the delegates of Massachusetts had been excluded for some unexplained cause, he therefore moved that the subject be referred to the Committee on Ethics. It was so referred.

Dr. Davis moved that all questions pertaining to the right of institutions, hospitals, colleges, and private persons, as to their admission into the convention, be all referred to the Committee on Ethics. The motion prevailed.

Dr. Davis then moved that the meeting proceed with the regular order of business. Carried.

A number of members were then accepted by invitation.

The reading of letters and telegrams from absent members was next in order.

Dr. Lewis A. Sayre, chairman of the Committee on Ethics, and one of the vice presidents of the association, said a pamphlet had been published and circulated by one Dr. Ruppaner, and asked that the subject be referred to a special committee.

Dr. Davis moved that the Chair appoint a new Committee on Ethics for the ensuing year, to which this subject might be referred. Carried.

The following gentlemen were appointed: Alfred Stille, New York; N. S. Davis, Illinois; J. N. Keller, Kentucky; H. P. Askew, Delaware; J. J. Woodward, U. S. Army.

The convention then took a recess of five minutes.

After the reassembling of the convention, the President read his annual address.

It was moved that the thanks of the association were due to the President for his able address, and that a copy be requested for publication. Carried.

The next business was the report of special committees and presentation of papers.

The committees for the year 1869 made their reports, and some of which were continued and others discharged.

Dr. T. Antisell, District of Columbia, then read a report on veterinary colleges; which was referred to the Committee on Printing.

Dr. C. C. Cox, of Maryland, moved that the name of Dr. Busey, of the District of Columbia, be stricken out of the list of delegates until such time as the Committee on Ethics should report relative to the District of Columbia.

Dr. Busey said that Dr. Cox was not a delegate from Maryland.

A vote was taken on the motion of Dr. Cox. It was lost.

There was much discussion on this subject, when it was moved that the delegates of the District of Columbia find a room in which to fight out their battles. [Laughter.]

The Secretary then announced that the Nominating Committee would meet in the prayer-room at 4 P. M.

## SECOND DAY'S SESSION.

The Convention assembled at 10 o'clock. Prof. George Mendenhall, president, in the chair, and Dr. William B. Atkinson, secretary.

Dr. Gross, of Pennsylvania, offered a resolution that a social reunion be held annually on the third day of the session. He moved that a supper be had at the Arlington to-morrow evening at 8 o'clock. Carried.

A committee of five was appointed by the Chair to carry out the objects of the above.

A number of members were admitted by invitation.

Dr. A. Stille, of Philadelphia, made a partial report in relation to the admission of the Massachusetts delegation to seats in the

convention, in favor of admitting all those that have been registered. The report was accepted.

It was moved that the vote referring the paper of Dr. Antisell on veterinary colleges, to the publication committee, be reconsidered. It was so ordered, and the paper was referred to a special committee of three.

A protest was read on the admission of Dr. C. C. Cox, of Maryland, charging him with a violation of the code of ethics, and practising medicine without license. Referred to the Committee on Ethics.

Dr. Cox was permitted to explain, saying that he had paid \$10 for membership in the Medical College of Washington, and commenced the practice of medicine in this city in July last, but to this day he had not received his license from that society.

Dr. Palmer, of the District of Columbia, arose to reply, but privilege was not given, as the whole subject had been referred to the Committee on Ethics.

Dr. W. H. Murray, of Ohio, moved that the Committee on Ethics retire immediately and prepare their report, and sit until they had come to some final settlement in regard to the delegates not declared members by the Committee on Credentials. The motion was not agreed to.

Dr. Loomis, of the District of Columbia, moved that all delegates from the District of Columbia be permitted to occupy seats in the convention until the right to their seats has been decided by the Committee on Ethics.

The motion was put and decided in the negative by a vote of 107 yeas to 152 nays.

Dr. C. C. Cox moved that "none" of the delegates from the District of Columbia be admitted until the Committee on Ethics report. Not agreed to.

Dr. D. W. Yandell, of Kentucky, moved that the District of Columbia be blotted out from the map of the American Medical Association. Laid on the table.

Dr. F. G. Smith, of Pa., of the Committee on Publication, made a report of the work of the committee during the past year. The report was received and referred.

Dr. Gross offered a resolution providing for the publication of the proceedings of the association in some medical journal published monthly. Adopted.

After some debate the vote was reconsidered on the adoption of the above, and the subject referred to a special committee.

The annual report of the treasurer was then submitted, received, and referred to the Committee on Publication.

Dr. Gross, of Pa., presented a letter from the British Medical Association, cordially approving of the objects of this Association. Referred.

Dr. T. A. Antisell rose to a privileged question, stating that the publication in the *Morning Chronicle*, alluding to the Committee

of Arrangements, asserting that the committee had insulted prominent city physicians, he stigmatized as false, and said that the article in "proof-slips" was strewn broadcast throughout the hall for political purposes.

On motion, it was ordered that no more advertisements, pamphlets, &c., be distributed in the hall during the session of the association, without special permission.

Dr. Robert Reyburn, of D. C., chairman of the Committee on the Library, submitted the annual report of the librarian, which was referred to Committee on Publications.

Prof. L. Sayre, of N. Y., moved that the papers in the hands of the Committee of Ethics, of last year, be referred to the new committee, and that the old committee be discharged. Agreed to.

Dr. T. Antisell, of the Committee of Arrangements, read a long list of new members who had arrived in the city since the opening of the convention.

Dr. J. J. Woodward, U. S. A., chairman of the Committee on Medical Literature, made a report, which was referred to the Committee on Publication.

Dr. Buck, of New York, moved that the vote by which the resolution providing for a supper at the Arlington on Thursday night be reconsidered, as an invitation had been accepted by the association to call on Mayor Bowen on that evening, and it would be regarded as an insult by the chief executive of the city were the association to fail to call on that functionary as prearranged.

The vote was reconsidered, and the resolution laid on the table.

Dr. C. C. Cox, of Md., chairman, made a report, which was not read, on the subject of American Medical Necrology, and it was referred to the Committee on Publication.

Dr. Moore, of Mo., offered a resolution providing for a uniform price for a course of medical lectures by all members of the profession, and that colleges might charge a higher rate, but not below a certain figure. By this means competition between the schools would elevate the standard of the profession.

Dr. W. G. Davis, of Illinois, said he would be glad to see the day when there would be some uniform proximity to fee, but he did not think it possible for the association to fix an absolute fee that would be binding on the medical colleges of the country. He did not oppose the resolution if the association would name what should be the standard of collegiate medical education.

Dr. Moore said he only desired to fix a minimum fee by his resolution.

Dr. Seldon, of Ohio, moved to fill the blank in the resolution with the sum of \$100.

Dr. Somerville, of Mass., seconded the motion.

The blank was filled; and the resolution being before the house, Dr. Yandell spoke against its passage, saying that it was contrary to the spirit of the association, and contrary to the spirit of the age,

to adopt a specific fee for instruction. Our spirit is to educate without reference to compensation. He thought it was competent for institutions to teach for \$50, or any other sum it might elect. He ignored the Latin and the Greek, but went in for the English, and he knew of many Latin and Greek scholars who could not write or speak good English. Without there was State legislation on the subject it were folly for this association to attempt to adopt a uniform price for education; schools regulate themselves. The schools throughout the country maintain themselves, and yet some charge only \$50, while others get \$150, and the instruction in one is of no higher degree of excellence than the other. The great law of supply and demand goes on; education, like all other commodities, must regulate itself. Let us charge \$1,000 if we can get it, and \$50 if we cannot get more.

After further discussion, it was moved and seconded that the resolution be laid on the table. The vote was taken, and the resolution was laid on the table.

Dr. Sullivan, of Mass., moved the action of the association to-day be final for five years.

Dr. Johnson, of Mo., said he was happy to be able to gain the floor, and revived the question of stated fees, arguing that the association had the authority to control the subject of medical education in this country. He implored the body to act, and not indorse any such action as indorsing the proceedings of to-day for five years.

Dr. Sullivan said his reason for making the motion was that the subject of money would not come up again, yet he agreed with the previous speaker that the association had authority to regulate such matters.

Dr. Hubbard, of Connecticut, regarded the motion as out of order, as it would change the organic law of this body if it prevailed.

The motion of Dr. Sullivan was laid on the table.

Dr. Collins, of Massachusetts, offered a resolution recommending that the least sum charged for medical examination for life insurance companies be \$5 for each examination. Adopted.

Dr. Horner, of Virginia, introduced a resolution regulating fees of physicians, which was laid on the table.

Dr. Sullivan offered a resolution that the association have power to control medical education throughout the United States. Passed.

Dr. D. O. Donnelly, of Maryland, offered a resolution providing for the appointment of a committee of three to report at the next annual meeting such measures as will tend to discountenance the practice of abortionists, and report the names of any belonging to this association, who may be guilty of the practice. Passed.

The committee on permanent organization reported the following officers for the ensuing year: President, Alfred Stille, Pa.; vice-presidents, J. S. Wetherly, Ala.; Henry Gibbons, Cal.; J. T. Hurd, Texas; Samuel Willey, Minnesota; assistant secretary, Dr.

J. C. Tucker, Cal.; treasurer, Casper Wister. Pa.; librarian, Dr. F. A. Ashford, D. C.

It was resolved that the next place of meeting of the association be at San Francisco, Cal., on the first Tuesday in May, 1871.

The secretary presented a number of communications relating to various subjects, which were referred to committees to be acted on at the next annual meeting.

Dr. Maddox, of Baltimore, asked for information concerning the delegates from the District of Columbia, as to their right to seats in this body.

The Chair informed him that all the delegates of the District had been excluded from seats in the association.

Dr. M. then moved a reconsideration of the vote by which they had been excluded, but he was ruled out of order.

Several amendments to the constitution were made looking to a more efficient working of the association.

A resolution was offered which excluded all delegates who have received their appointments from permanent medical colleges, hospitals, lunatic asylums, and from the American Association at Paris, and that those only should be admitted who received their appointment from some society in good standing.

The resolution was discussed at length and laid on the table.

Dr. Maddox, of Baltimore, gave notice that unless the Committee on Ethics reported to-morrow morning why the regular recognized physicians of this city were excluded from seats in this association he would move a reconsideration of the vote which excluded them, and move for their admission.

A partial report from the majority of the Committee on Ethics was submitted, wherein it was cited, that nothing in the constitution prohibited medical societies in good standing from sending delegates to the association. The committee reported in favor of the admission of Dr. C. C. Cox, of Maryland, to a seat in this body.

A minority report was also submitted, reciting that delegates to the association should be permanent residents of the place where they practice their profession, and therefore Dr. Cox is not entitled to a seat.

The reports were received, and, on motion, the majority report was adopted.

The secretary then read papers relating to the several sections to which they belong, after which the association adjourned to 9 o'clock this morning.

### THIRD DAY'S SESSION.

The convention was called to order at 9.30 A.M., President Mendenhall in the chair; William B. Atkinson, secretary. The reading of the minutes were, on motion, dispensed with.

Dr. Antisell then read the names of a number of gentlemen who were admitted as members on invitation.

Dr. Sayre asked that a committee be appointed to examine the charges circulated against him through the country. He requested that a special committee be appointed to report on the matter at this session.

Dr. — said that there being a difficulty between Drs. Sayre and Rupper, he objected to any committee being appointed, because the other party was absent.

Dr. Murphy, of Ohio, moved that the whole matter be referred back to the society at New York.

Dr. Sayre said it was due to the association that these charges be looked into.

Dr. Murphy said that the reputation of Dr. Sayre was not damaged in this society, and he therefore insisted on his motion.

Dr. Keller, of Kentucky, reported on the part of the committee on Ethics that that committee had been forced by the press of work to return the papers in the case of Dr. Sayre for the further consideration of the association.

Dr. Maddox moved that the whole matter be laid on the table. It was so ordered.

Dr. Yandell then moved that the delegate that had been sent as a representative to the British Medical Association be heard.

Dr. Pinkney, United States navy, representative of the American Association in England, made a long and interesting report of his visit and observations to the medical schools of Britain. The report was listened to with much attention throughout.

A vote of thanks was tendered Dr. Pinkney, and the report referred to the Committee on Publication.

Dr. F. G. Smith, of Pennsylvania, chairman of the Committee on Nomenclature, submitted a report of the names of diseases, accompanied by a resolution recommending the adoption of the nomenclature of diseases prepared by the Royal College of Physicians at London.

Dr. Underhill, of New York, also read a paper on the same subject, which was laid on the table.

The resolution recommended by the committee was discussed at some length by Drs. McDaniels, of Alabama, Logan of Louisiana, and others, who all held that revision of the nosological tables now in use was imperative.

The report, with resolution as recommended, was adopted.

Dr. C. C. Cox offered a resolution, which was adopted, for the appointment of a special committee to wait upon the Surgeon-General of the United States, and to request the privilege of duplicating the photo-microscopic slides of the tissues, so admirably executed by the indefatigable industry and skill of Surgeon J. J. Woodward, to be prepared under the direction of said committee, and distributed at a fair price to such medical colleges and institutions as may desire their use.

Dr. Bemiss, of Louisiana, from the Committee on Nominations,

reported the additional standing committees for the ensuing year, which report was adopted.

Dr. Antisell offered a resolution of thanks to the Surgeon General of the United States army, for the beautiful and instructive exhibition of last evening, and recommending Dr. Woodward and Dr. Otis to the consideration of the Secretary of War, as worthy of promotion for their efforts to advance medical education in the military service.

Dr. C. C. Cox then offered a resolution of condolence with the family of the late Alden March, of New York, and that a copy of the same be sent to Dr. Alden March's bereaved family. The resolution was concurred in.

Dr. Steine, of New York, offered a resolution that the State and county authorities be requested to aid in the support of veterinary colleges in each of the States by appropriations or otherwise. Adopted.

Also, that one or more veterinary surgeons be associated with other physicians in the boards of health when they are appointed by the Governors. Lost.

Also, that veterinary surgeons be appointed to the army, with the rank of full surgeons, and also in the Agricultural Department.

Dr. Otis moved as a substitute, that the first clause relating to appointments of veterinary surgeons to the United States army be stricken out, and that the Government appoint a veterinary surgeon to the Agricultural Department with a suitable salary. Adopted.

The hour for special business having arrived—

Dr. Storer, of Boston, moved, upon behalf of the Gynæcological Society of that city, that the action of the association in 1869, condemnatory of cards by specialists in journals of a strictly medical character, should be rescinded upon the ground of abstract right and long custom with reference to the insertion of such cards. Tabled.

A resolution was offered that a committee of three be appointed to wait upon Congress and request them to regulate the quarantine laws. Adopted.

The report from the delegate to the Canadian Medical Association was received and referred to the Committee on Publication.

The report of the Committee on Communications was adopted, and the committee continued.

Dr. Stewart, District of Columbia, offered a resolution that gentlemen not members of the association were not eligible to serve on its committees. Tabled.

A resolution was offered regulating the duties of superintendents of hospitals. Adopted.

A resolution was offered that as certain so-called medical works had been published which were injurious to the reputation of the profession:

*Resolved*, That any person signing his name as author of such work shall be refused membership in this association. Adopted.



Dr. Jones, of the District of Columbia, submitted a tabular statement relating to the medical institutions and colleges throughout the country, embracing much valuable and interesting information, which after being read was referred for publication.

It was resolved that at the future meetings of the association a dinner should be given on the third day of the convention, at the expense of the members eating the dinner.

Dr. Mussey, of Ohio, offered the following:

*Resolved*, That that clause in the by-laws which provides that every alternate meeting of the association be held at Washington be repealed, and that in the future the place of meeting should be determined at each session of the association.

The resolution was concurred in.

Dr. Kerwin, of Pennsylvania, then read a lengthy report on the treatment of the insane, which was received and referred to the Committee on Publications.

Dr. White, of Buffalo, offered a resolution that the different medical schools of the country establish chairs on mental disorders. Adopted.

The Committee on Prize Essays submitted a report, which was adopted.

A resolution was offered that a committee be appointed to report what, if any, legislative means could be taken to prevent the spread of epidemic diseases. Adopted.

Dr. C. C. Cox inquired if the Committee on Ethics would make any further report of the weighty matters before them.

Dr. Antisell called attention to a paragraph from the *Chronicle* of yesterday morning, charging the Committee of Arrangements with certain actions that should be denounced by the association. He denied the charges and asked the association to sustain the committee in its actions.

On motion, it was decided to postpone the further consideration of the subject until after the report of the Committee on Ethics had been received.

Dr. N. S. Davis, of Illinois, then submitted, on behalf of the majority of the Committee on Ethics, the following

#### REPORT.

It appears that the matters reported to your Committee of Registration, and so much of the action of the majority of same committee as relates to the same subjects, embraces the three following subjects:

First. A charge that the majority of the Registration Committee had refused to register the delegates presenting credentials from several societies, colleges and hospitals, in the District of Columbia which claimed the right to representation.

Second. Direct charges against the Washington Society and the Medical Association of the District of Columbia, accompanied by a protest against the admission of delegates for those bodies,

Third. Direct charges, which had been lodged with the Committee of Registration, against the National Medical Association of the District of Columbia, accompanied by a protest against the registration of delegates from that society and from such other institutions as were supplied with medical officers who were members of that society.

In regard to the first charge, your committee find, on investigation, that the Registration Committee have duly registered all the delegates from all the medical institutions claiming representation in the District of Columbia, in accordance with the usages and by-laws of the association, except the Medical Society of the Alumni, of Georgetown College, the National Medical Society, the Howard Medical College, the Freedmen's Hospital, and the Small-pox Hospital, these being the institutions included in the charges already mentioned in the third specification.

It remains, therefore, only to consider the second and third specifications, and your committee ask leave to report on these separately. In relation to the second we unanimously recommend the following resolution :

*Resolved*, That the charges offered by Dr. Reyburn, as a minority of the Committee on Registration, against the Medical Society and the Medical Association of the District of Columbia, are not of a nature to require the action of the American Medical Association, the first charge referring to a duty imposed on the Society by Act of Congress, and the second referring to a matter which does not come in conflict with any part of the code of ethics.

*Resolved*, That so far as relates to the Medical Society of the Alumni, of Georgetown College, it has been shown to us that the society has sixty resident members, and is therefore entitled to six delegates instead of        as requested by the committee.

In regard to the third proposition relating to the National Medical Society, Howard University Medical College, the Freedmen's Hospital, and the Small-pox Hospital, we recommend the following :—

*Resolved*, That the duties of the Committee of Arrangements, so far as relates to the registration of members, is purely clerical, consisting in the verification of the certificates of delegates and a report on the same. If credentials in proper form are presented from any society or institution professing such few as would place it *prima facie* in the list of institutions enumerated in the constitution of the association, as entitled to representation, but against which charges have been made or protests presented, the names of the delegates presenting such credentials, together with the charges or protests in the possession of the committee, should be represented to the association for its action.

*Resolved*, That the charges lodged with the Committee of Arrangements, against the eligibility of the National Medical Society of the District of Columbia, have been so far sustained that we

recommend that no member of the society should be received as delegates at the present meeting of this association.

N. S. DAVIS,  
H. F. ASKEW,  
J. M. KELLER,

Dr. Alfred Stille, of Pennsylvania, then submitted the following as a

#### MINORITY REPORT.

The undersigned, members of the Committee on Ethics, while subscribing to the greater portion of the report of the majority, feel it their duty, nevertheless, to dissent from the final resolution recommending the exclusion of the members of the National Medical Society of the District of Columbia from the present meeting of this association; they offer, therefore, in lieu of that resolution the following:

*Whereas*, The institutions excluded from representation by the action of the Committee on Credentials, viz.: The National Medical Society, the Howard Medical College, the Freedmen's Hospital, and the Small-pox Hospital, are regularly organized as the constitution of the association requires; and whereas the physicians so excluded are qualified practitioners of medicine, who have complied with all the conditions of membership imposed by the association; and whereas, in the judgment of the undersigned no sufficient ground exists for the exclusion of such institutions and physicians from this association; therefore

*Resolved*, That the institutions above named are entitled to representation, and that the physicians claiming to represent them are entitled to seats in the American Medical Association.

ALFRED STILLE,  
J. S. WOODWARD.

Motions were made to accept and reject the different reports, when, amidst the greatest excitement, the yeas and nays were called for.

Dr. Howard, of the District of Columbia, asked who of the District were entitled to vote.

The Chair then decided that those gentlemen were entitled to vote who had been unanimously admitted by the Committee on Ethics.

Dr. Cox endeavored to speak, but, amid cries of "Sit down," was forced to desist.

An appeal was taken from the decision of the Chair, which was not sustained, the vote being 115 for and 90 against.

The secretary began to call the roll upon the question of laying the minority report upon the table about 1.20 and continued until 2 o'clock, when the secretary announced the vote—yeas 107, nays 85. The minority report was accordingly tabled.

The greatest excitement prevailed throughout the calling of the names.

A motion was made to adopt the majority report.

Dr. C. C. Cox, of Maryland, then addressed the association, protesting against its action in rejecting the minority report, and gave a brief history of the origin of the differences of opinion now existing among the several societies of the city. Dr. Cox during his address was frequently called to order.

The question on the adoption of the majority report was then called, but it was thought to be unnecessary, as the rejection of the minority report adopted it.

#### RECEPTION AT MAYOR BOWEN'S.

Last evening the Medical Association visited the Capitol for the purpose of seeing the dome lighted, with which operation they all expressed themselves much gratified. The association, *en masse*, then called upon Mayor Bowen, filling the house to such an extent that anything more than a formal reception was impossible. The evening, however, passed off very pleasantly.

#### FOURTH DAY'S SESSION.

The association assembled in the morning at Lincoln Hall, Professor George Mendenhall in the chair, and Professor W. B. Atkinson, secretary.

A resolution was offered by Dr. J. J. Woodward, United States army, that the Surgeon General be requested to authorize Dr. Woodward to make copies of his photo-microscopic slides, to be distributed at a fair price to such medical colleges and institutions as may desire their use. Adopted.

A debate then occurred on the duties of the Committee on Ethics in the matter of passing on the credentials of delegates representing institutions which admit women to the practice of medicine.

Professors Hartshorn, Bell, Davis, Maddox, and Cohen, participated in the debate, after which the matter was indefinitely postponed.

Dr. Palmer, of Maine, offered a resolution of inquiry as to why the Howard Medical College had been excluded from admission in this association, stating that the institution had been chartered by special act of Congress, and was recognized all over the country as a first-class college.

A discussion took place on the adoption of the resolution.

Dr. N. S. Davis, of Illinois, said if the resolution was withdrawn he, as chairman of the Committee on Ethics, would give his reasons in writing why the institution was excluded.

The resolution was withdrawn.

Dr. R. J. O'Sullivan, of New York, then offered the following:

*Whereas*, Apothecaries are accustomed to renew medicines prescribed by physicians without due authority from the physician, thereby doing much injury to patients, and by which many lives have been destroyed; and as apothecaries are unwilling to discontinue the practice except by a general action—therefore,

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*Resolved*, That this association take such action as will bring about the discontinuance of the practice.

Referred to a special committee.

A protest against the adoption of Dr. Pinkney's report of the medical corps of the navy was submitted, and after some debate was laid on the table, and the whole subject referred to a committee of three, to report at the next meeting of the association.

The Committee on Ethics made reports on several cases relating to charges against individuals and colleges in the different States, and they were referred to appropriate committees.

A paper was read on the treatment of the insane; which was referred to the Committee on Publication.

Dr. Hartshorn, of Philadelphia, offered a resolution that the constitution be so amended as not to exclude women from membership of this association. Laid on the table.

Dr. Powell, of Atlanta, Ga., offered a resolution that the association do not recognize any college or institution against which charges are pending.

It was opposed by Dr. Reyburn, of the District of Columbia, and advocated by Dr. Powell, after which it was laid over under the rules.

Dr. Lee offered a paper on insane institutions; which was referred to the Committee on Publication.

A paper on epidemic diseases was read and referred.

A vote of thanks was tendered to Mayor Bowen, for entertaining the association at his residence on Wednesday night.

A motion was made that the next meeting of the association be held in San Francisco, California, in June next.

A resolution declaring Dr. Horace Wells, of Boston, to be the discoverer of anæsthesia, was adopted.

A resolution of thanks was tendered to Dr. Mendenhall, for the able manner in which he has presided over the deliberations of the association.

Dr. John Sullivan, of Massachusetts, offered the following:

*Resolved*, That no distinction of race or color, shall exclude persons claiming admission to this association who are duly accredited thereto.

During its reading the speaker was met with a storm of hisses, which compelled him to stop. Cries of "go on," "go on," were heard, and he said he would do so when the serpents became quiet. He then finished its reading, and was allowed to speak seven minutes. He spoke as follows:

#### SPEECH OF DR. JOHN SULLIVAN.

MR. PRESIDENT AND GENTLEMEN OF THE AMERICAN MEDICAL ASSOCIATION,—I rise to offer a resolution, which I venture to affirm is one of the most important which has ever been presented for the consideration of this body. The importance of this resolution to an American national medical association can hardly be exaggerated

inasmuch, as its passage or the reverse involves many of the highest questions in social science and political economy. Eminently proper it is that this resolution should receive due consideration from the representatives of so many of the scientific bodies of a country whose territorial limits embrace half a continent, and every variety of climate, soil, and race; a country where, by the fusion of so many different nationalities, a homogeneous race is in gradual process of formation, and an entirely new civilization is being step by step evolved. Gentlemen, the resolution is this: "*Resolved*, That no distinction of race or color shall exclude from this organization any person duly accredited thereto." Gentlemen, in moving this resolution I present in its abstract form the question which in reality underlies the controversy we are this day called to decide. This is a scientific body, gathered from every section of the country. We have met to deliberate on purely scientific subjects; to determine questions of purely scientific character—questions which concern not our own welfare, but the welfare and perpetuity even of mankind. I will not, however, deny that, in part, at least, this association was organized for social purposes, but its main objects are those which I have indicated. Now, is there one gentleman present from the North, South, East or West, who would hesitate to admit to this floor the duly accredited representative of any scientific body, organized by any race under the sun, no matter what might be the color of his skin, provided it were not black?

Why is it, gentlemen, that you ostracise no qualified persons save persons of this one color? Why do you entertain an inveterate hostility to the Ethiopian being represented here, and yet as we all believe, make no objection whatever to those whose complexion betray their origin from some one of the other four great divisions of the human family? For my part I am satisfied that our friends from the South greatly mistake the nature of their feelings toward the negro. There is a mass of living evidence which renders irresistible the conclusion that however much they may dislike the black man, toward the black woman they entertain, many of them, the liveliest feelings of our nature. But to return; comparatively speaking, there is nothing in our present state of existence of real value save ideas. The mind, meaning therewith to include not only the intellect but the affections, is that which constitutes the man, the man made in the image of his Maker, endowed with god-like attributes of intelligence and destined for an endless existence. All the other attributes of humanity are but mere accessories of the mind, all else hastens rapidly to decay—"Shadows are we, what shadows we pursue." The question before us, then, is purely of qualification, of capacity; it is a question of education, a question of intelligence, intellect, in short, gentlemen, of brains, *brains, brains, brains!* Intellect is at once the evidence and the seal of manhood.

"The *skin* is but the guinea's stamp;  
A man's a man for a' that."

For my own part, I would not refuse to admit to the deliberations of this great scientific body, provided he came duly accredited thereto, an ourang outang with a tail ten feet long; and could he show me an interesting case of disease of that tail, I should be very ready to examine that case with him, and to receive all the light which his experience could shed upon it. I would say to him "God speed" in his effort to heal on scientific principles the diseases of his brother babboons. But I am told, gentlemen, and you may be told, by our brethren from the South, that it is the social element of this organization which lies at the bottom of their opposition to the admission of the African to this floor. As one of them has said to me, if Julius Augustus Cæsar presents his credentials and becomes entitled to a seat here, we must meet him, not only on this floor, but elsewhere—at the Mayor's reception, or at any other place where we meet as gentlemen for recreation or for social intercourse with each other. He may bring with him his wife and children, and we may bring with us our wives and children, and *they* will have to meet on terms of social equality, Mrs. Cæsar and all the little Cæsars. And this, say gentlemen from the South, is a bitter pill to swallow. It is a bitter pill to swallow, I admit; but is it any worse, any harder, any more humiliating, any more cruel for *you* than it is for *us*? Are not we, too, Caucasians? Do we ask you to taste the cup which we are not ourselves forced to drain? Who and what are *you* more than *we*? There is as good blood in New England as there is in the South, in Massachusetts as there is in Kentucky. Two hundred and thirteen years ago, this year, if I rightly remember the date when he landed on these shores my original ancestor in this country first planted his feet on New England soil. Who is he? (pointing to Dr. Yandell of Kentucky.) Gentlemen from the South, in God's name who are *you* who dare to affirm that to meet the African on terms of social equality is a harder thing, a more humiliating thing for *you* than it is for *us*? No, gentlemen, the dose we compel you to take is one which we must ourselves swallow. And now, gentlemen, inasmuch as the political status of the African is now one with yours and mine; now that he is admitted to the Senate chamber of the United States; now that he may stand there at least on terms of social equality, and in the presence of the Chief Magistrate of this country, let not this great scientific body, embracing as it does, with but few exceptions, the wisest men in our profession; I repeat let not this great scientific body prove itself unworthy of the high trusts confided to its charge. Let us not deny to the enfranchised African, the same right in the Republic of letters which are now fully and cheerfully accorded to him in the political organization under which we live. Let us not deprive him of the opportunity which the sword has opened for him of proving to the civilized world, if he can do this, that inasmuch as he displays the essential qualities of manhood, he has a right to be accounted and treated as a man.

During the delivery of the above speech great confusion reigned, and had it not been for the persistent efforts of Dr. Yandell, of Louisville, Ky., at one time surgeon-in-chief of Kirby Smith's army, Dr. S. would not have been able to have concluded his remarks. During their delivery Dr. Yandell appealed to the sense of the convention to allow him to proceed, stating that he was a Southern representative, but that he desired fair play, and trusted that Dr. Sullivan would be heard.

Upon the conclusion of Dr. Sullivan's remarks, Dr. N. S. Davis, of Chicago, read the following

#### REPORT OF THE COMMITTEE ON ETHICS.

In reply to the resolution of the association calling upon the majority of the Committee on Ethics for the reason why they in their report exclude the delegates from the Medical Department of Howard University, they respectfully state that there is nothing in the report which directly excludes delegates from the said University or any other medical institution in the District of Columbia, except the National Medical Society.

The resolution on this subject reported by the committee, is in these words:

*Resolved*, That the charges lodged with the Committee of Arrangements against the eligibility of the National Medical Society of the District of Columbia, have been so far sustained that we recommend that no members of that society should be received as delegates at the present meeting of the association.

It will be seen that the only parties excluded from admission as delegates at the present meeting are the members of the National Medical Society. If the Medical Department of Howard University had chosen to send any delegates who are not members of that society there is nothing whatever in the report to prevent them from being received.

In the papers referred to your Committee on Ethics, were a list of charges with specification in the usual form against the registration of the National Medical Society. These charges may be clearly stated as follows:

1. That said National Medical Society recognizes and receives as members medical men who are not licentiates, and who are acting in open violation of sections 3, 4 and 5, of the law of Congress constituting the charter of the Medical Society of the District of Columbia.

2. That a large part of the members of the National Medical Society are also members of the National Medical Association of the District of Columbia, and are openly and freely violating the rules and ethics of the association to which they have subscribed.

3. That they have both in its capacity as a society and by its individual members misrepresented the action of the Medical Society and the Medical Association of the District of Columbia,



and used unfair and dishonorable means to procure the destruction of the same, by inducing Congress to abrogate their charter.

Each and all of these charges were, in the opinion of the majority of the committee, fully proved by the members of the National Medical Society themselves, who appeared voluntarily before your committee as witnesses. Therefore, if we have any regard for the maintenance of the laws of the land on the ethics of our medical organization, the undersigned could not come to any other conclusion than was expressed in the last resolution recommended by the majority of the Committee on Ethics.

Dr. Robert Reyburn rose to reply to the report, but was called to order, as not being a member. Finally the Convention allowed him five minutes to speak.

Dr. Reyburn said that he had never violated the code of ethics, and had favored the admission of colored men to the college he belonged. No man should be excluded on account of color. His resolution had not been received by the old society, and he was now a member of the National Medical Society. If that constituted a violation of the code of ethics he plead guilty. Last year he had been chairman of the Committee on Credentials at New Orleans, and when about to make his report he was shamefully treated by the Committee of Arrangements.

Dr. Antisell denied the assertion.

Dr. Loomis, of the District of Columbia, stated that he was a member of the Faculty of Medicine of Howard University, and he could see no reason why he was excluded. He then offered a resolution to the effect that the members of the Committee on Ethics who signed the majority report be censured for so doing.

His resolution was laid on the table.

Dr. Johnson, of the District of Columbia, President of the Medical Society of the District of Columbia, then proceeded to give a detailed history of the difficulties existing in our local societies. He also stated that Dr. D. W. Bliss had violated the rules of ethics by having his name printed on a bill of fare at Willard's Hotel.

Dr. Bliss denied its having been placed there with his knowledge.

Drs. Johnson, Busey and Marbury sustained the charge by statements.

After which Dr. Busey replied to certain statements of Dr. Johnson, and read the sixteenth rule of the Code of Ethics, showing that the code had been violated in the attempt to force the colored man upon the society. This was what had caused all the trouble. Dr. Borrows had been instrumental in bringing about the color difficulty. He denied that politics was the cause of the difficulty, as had been stated by Dr. Cox.

The vote was then taken on Dr. Sullivan's resolution, and it was tabled by a vote of 106 yeas to 60 nays.

Dr. H. R. Storer, of Boston, offered the following:

That inasmuch as it has been distinctly stated and proved, that the consideration of race and color has had nothing whatever to do

with the decision of the question of the reception of the Washington delegates, and inasmuch as charges have been made in open session to-day distinctly attaching the stigma of dishonor to parties implicated, which charges have not been even denied by them, though present; therefore.

*Resolved*, That the report of the majority of the Committee of Ethics be declared as to all intents and purposes unanimously adopted by the association.

The resolution was adopted by a vote of 112 yeas to 37 nays.

The following was the report of the Committee on Ethics, to which was referred the protest by Drs. Storer and Sullivan, on behalf of the Gynæcological Society of Boston, against the representation of the Massachusetts Medical Society.

"Whereas the charge of tolerating in the Massachusetts Medical Society men acknowledged to have become homœopaths and eclectics is fully proved, and is plainly a violation of the Code of Ethics; but, inasmuch, as it also appears, that the parties making the charges here, being themselves members of the same Society, have not previously made or caused to be made, any specific charges against such irregular practitioners in the proper form before the Massachusetts Medical Society or its councillors; it is the opinion of the Committee that such steps should have been taken and the results obtained before appealing to this Association, and

It is therefore recommended: that the Committee of Registration should register all regularly accredited delegates from the Society to the present meeting. This Committee further recommend that, unless said Society takes the necessary steps to purge itself of irregular practitioners, it ought not to be entitled to further representation in this Association.

The association then adjourned *sine die*.

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## Editorial Department.

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### Proceedings of the National Medical Association.

Our medical legislators having held their annual session, it is natural to sum up the amount of their decisions. It will not be supposed that in this calculation we consider at all the value of the various papers upon medical and surgical subjects, which were presented to the various "sections," and which will appear in the volume of transactions, and may be better estimated at another time. However, it cannot be supposed but that they are mostly valuable original contributions to medical and surgical science. Whatever may be said about the labors of the legislative "section," the other divisions are not included. There can be no division of sentiment as to the quality, amount, and valuation, of the contributions made to medicine and surgery through the medium of the American Medical Association. Again, the social "section" of

the association, is entirely unexceptionable in its operations. To bring the members of the profession in closer sympathy with each other, to extend personal acquaintance, and to promote friendly intercourse, is the main object of this department. In its workings, it is one of the chief attractions; it is pleasant to meet face to face the *savans* of the profession, those who constitute much of its strength, and honor, and glory. To observe the anxious, restless, untiring, never ceasing enthusiasm of the progressive, ambitious aspirants for distinction, is itself a healthful stimulant, since men sometimes profit by example. Yes, the social "section" has its pleasures and advantages, and its labors should be commended and continued.

We proposed to say a word about the legislative proceedings of the association; that division, which for harmony we will denominate the legislative "section." These new "sections," we hope, will all be hereafter recognized by the association. This legislative "section" consists of a committee of the whole, and has truly a *great work* to perform. In attempting a brief description of its operations at the recent meeting in Washington, we shall be obliged to give only brief outlines taken from indistinct recollections, after observing the exhibition for a few days only. This committee of the whole was organized for legislative labor in the forenoon only, the regular officers of the association presiding. In the center of the stage stood the president with a small mallet in his hand, supported on either side by vice-presidents, secretaries, and reporters, while the rear guard was formed of the venerable men of the profession, whom we all love and honor. The president shortly announced that the meeting was open for business, and that first in the order would be, *Report* from Business Committee. Pending the reading of this report, prayer was offered, during which, it being very brief, little else was attempted, except some caucussing in the upper part of the room and about the door. Prayer being said, Mr. Chairman, of Business Committee, read the report, the first two or three sentences of which were listened to with marked attention. After its conclusion, provided it was concluded, a minority report was offered, and a few words of explanation attempted. Meanwhile the president commenced to pound feebly with his mallet and say, "order!" as near as I could understand; and about three hundred men followed, shouting, "out of order!" or something of that sort, while some very loud spoken individuals were constantly screaming: "Mr. President," "Mr. President," "Mr. President." Becoming exhausted, there was a period of collapse, which lasted about three-quarters of a second, when a very gentlemanly looking individual walked upon the stage, and commenced a speech, when all the entire audience attempted a speech—each upon his own account—and at a pitch of voice perfectly indistinguishable; whereupon there was soon a division of the "section," some of the members continuing their speeches, and others shouting "Can't hear," while the remainder were either hissing, or clapping their hands, and hallowing: "Go on, that's right, go ahead." Says I to my neighbor, "What is this?" Looking astonished, he says: "Why, this is the meeting of the American Medical Association in open ses-

sion." This was spoken in one ear, my nearest neighbor on the other side screaming in the other—"Louder, louder, louder!" At this juncture it occurred to me that as I was editor of a medical journal, I would take notes of the proceedings for publication, which I proceeded to do with great care, and should have been able to have presented them to my readers, as taken on the spot, had not the association voted that "no publications, or papers of any sort, be taken into or carried out of the hall;" whereupon, I threw my notes in with the certificates of members, thinking I would avoid all personal difficulties, even at the sacrifice of the wishes and interests of the readers of my favorite journal. The president now announced that next in the order of business was the reading of the President's Address, when nearly every man left the hall. These were the proceedings of the legislative "section," the first day of the session. The next morning being interested to know what would be the order of exercises, I went early to the hall. The first vote taken was to "adjourn until a suitable hall could be provided, as not one word could be heard in *that* hall." While I was taking lively satisfaction at the prospect of being able to hear again, not having been able to understand a word of common conversation since my neighbor had screamed so like a hyena in my ear the day before, the vote was reconsidered. One man, with a very loud voice, now said that "If the president would take his stand, or move his platform into the center of the hall, his mallet might be more distinctly felt." Fifty or sixty men now started to their feet, and simultaneously made suggestions, or motions, or offered resolutions about the mallet; and the ayes and nays being called for, the president said: it is a vote; when every man in the assembly said—"No vote, no vote, no vote." He then requested all who wanted the mallet removed into the center of the hall to stand up until counted. The excitement about moving the president, his mallet, and the other officers, with the entire stage into the center of the hall, had, by this time, become intense. While the counting was going on, a great rush from the outside was made, to learn, if possible, the cause of the disturbance, and the president continued to shout, with himself and mallet, that "All who were standing would be counted;" so that by the time the members in favor of not moving the stage, were asked to stand up for count, the hall was completely filled with eager inquirers for the disturbance, and were all counted, many on both sides, but enough on one side so that the president announced that the stage would not be moved. Five or six very loud and resolute men, called out at the very top of their voices: "Can't hear a word, can't hear a word; don't know anything what is said on the stage." The president modestly suggested, "That if one would halloo, at a time, their wind would probably go further." This completed the proceedings of the second day. The third and fourth days' sessions were more remarkable for results, and the hall was early crowded with members, mostly from the District of Columbia. Majority report only admitted to seats in the convention, a portion of the medical population of the District; and the minority report admitted the whole entire

medical population of the District of Columbia. When it was moved to adopt the majority report, it was also moved to adopt the minority report; and about this time a sharp, resolute, earnest, member from Kentucky, moved that the District of Columbia be blotted from the map of the United States, seconded by half dozen associates. Pending the passage of this resolution, a distinguished member from Buffalo, N. Y., spoke earnestly about the dignity and honor of the great American Medical Association, and said that blotting out the District of Columbia was contrary to its objects and purposes, and that taking such action could only result in disaster and disgrace. He moved the resolution be laid on the table, which was carried by a unanimous vote. Colleges graduating women were, by some sort of resolution, introduced to the attention of the association, but as all *gentlemen* respect the rights and privileges of women, there was no division of the house. In the regular order of business, also, came colleges graduating negroes; and, pending this question, various motions and resolutions were introduced. This was late in the progress of affairs and my recollections are rather indistinct. By this time, Washington and the neighboring districts were fully represented, and the question pending being the eligibility of colored men to vote; or rather the passage of the fifteenth amendment to the constitution, the highest point of mortal excitement was soon reached. The president, with his mallet, tried to preserve order. The secretary attempted to call the roll of members. Speeches upon the question were going on in all parts of the hall. Men were shouting at the top of their voices—"rise to order," "question of privilege;" Mr. Speaker, Mr. President, Mr. President; yes, yes; no, no, no. The secretary having read a list of names, the owners of which were on their way to, or anxiously looking for, their former homes, the president announced that the fifteenth amendment had *not passed*; while nearly the united voice of not only the convention, but of the entire country, and of history, said it *had* passed, and that "race or color shall not exclude" from the right to vote. It may be said, in closing our account of the proceedings, that, all in all, it was one of the most harmonious and pleasant gatherings we have ever witnessed, and that the kindly recollections it has inspired will go with us through life.

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### Items, Selections, and Remarks.

BY W. W. MINER, A. B.

Dr. Nolan, lately presented before the Pathological Society of New York, the head of a femur that had been discharged spontaneously from a boy aged fifteen years. The patient was attacked by acute inflammation of the hip joint, which developed into morbus coxarius. Antiphlogistic measures were used and a splint recommended, but the patient refused to wear it. An abscess formed on the outer surface of the thigh, through which at length, the specimen, which had the appearance of epiphyseal separation, was discharged. The pa-

tient was doing well.—Dr. Chas. Bliss, of New York, recommends in the *Record* the using of a lachrymal style, formed of three silver wires twisted in the form of a rope.—It is said that burnt alum, inclosed in the vial containing vaccine virus, will aid in its preservation.—Dr. G. W. Murdock, of Cold Spring, N. Y., stated in the *Medical Record* a mode he is using for the internal administration of chloroform. He dissolves one part of chloroform in three parts of glycerine, thus obtaining a solution which is perfectly clear, bland to the taste, and which has but a slight odor of chloroform. In preparing it mix the one part of chloroform with two of the parts of glycerine, adding the former gradually, and carefully rubbing up the mixture; set aside in a corked bottle for twenty-four hours, when a portion of the chloroform will separate and fall to the bottom, and must be removed, and then rubbed up with the third part of the glycerine; the two solutions are then mixed together. The resulting solution is one-eighth less in bulk than the sum of the quantities of the separate ingredients. This preparation probably possesses the advantages afforded by hydrate of chloral, without its expensiveness.

There are fourteen general hospitals in the city of London, and sixty-six special ones. The oldest among these is St. Bartholomew's Hospital, which was first founded in 1123.—A new, spacious and excellent hospital building, under charge of the "Sisters of Mercy," is now completed and being opened in Chicago. Drs. N. S. Davis, H. A. Johnson, E. Andrews, and W. H. Byford have the professional charge of the institution.—The hospital of the National Soldier's Home at Dayton, Ohio, was formally opened on the 20th inst., the Governors of Ohio and Wisconsin participating in the ceremonies.—The State Hospital for Insane at Worcester, Mass., is to have its location changed from the city district to a spacious suburban retreat.—Separate clinics for women are to be provided, henceforth, at the Pennsylvania Hospital.—The next annual meeting of the Ohio State Medical Society will be held at Cleveland, Ohio, on the second Tuesday in June.—The National Association of the Volunteer Medical Officers of the U. S. Army and Navy has just been organized at Washington with C. C. Cox, M. D., L. L. D., of Maryland, as President, and J. B. Hood, M. D., Secretary. The object of the association is the preservation of the names, and an account of the services of its members, their personal recollections and history as medical officers, and the preservation of *esprit du corps*.

M. Claude Bernard is now a member of the Academy of Sciences, and of the French Academy, a senator, a professor at the College of France and at the Garden of Plants, from which positions he derives an annual income of \$10,000 in gold.—Prof. Liebig, a German, has received the Albert medal this year, from the Society of Arts, Trade, and Manufactures of Great Britain.—M. Nelaton is said to suffer from heart disease, and to be about to retire from practice.—Profs. Hammond and Echeverria were both witnesses in the McFarland trial at New York, and testified on opposing sides respecting the insanity of the defendant.—Fred. Julius Otto, Professor of Technical Chemistry and

Pharmacy, Germany, well-known to students as an author, died on the 12th of January last.

Aluminium is now obtained by mixing clay with coal tar, and heating the mixture in a retort to redness, while illuminating gas is supplied under a pressure of thirty pounds to the inch, so long as it is absorbed.—The inauguration of this method is a notable success in chemical technics. A simple solution of cyanide of potassium is recommended, on good authority, to be most efficient in the cleansing of tarnished metallic articles.—The *Gas Light Journal* states that "late scientific intelligence from Great Britain expresses the belief that magnesium, by new processes of manufacture, will be brought down to a shilling an ounce retail. At this price, its use in lumps, in the shape of a ribbon, of the thickness of heavy paper, and a tenth of an inch wide, will be decidedly economical."

C. C. Cox, M. D., Professor of Anatomy in Georgetown Medical College, is about to commence the editing a quarterly publication called "*The National Medical Journal*." The Journal will be published in Washington, and each number is to contain not less than one hundred and twenty-eight octavo pages.—Dr. Wm. Abraham Love, announces that a medical journal entitled the "*Cotton Zone*," is about to be published in Atlanta, Georgia.

Vaccination was made compulsory in Ireland in 1863, and since that period the *Boston Medical Journal*, January, says that small pox has been banished as completely from the island as St. Patrick is said to have banished the snakes.

—Dr. Bradford S. Thompson, of New York, in a paper read before the New York Medical Journal Association, states that:—The London cat and dog's meat carriers or sellers—nearly all men—number at least 1,000. It is believed by one who has been engaged in the business for 25 years, that there are from 900 to 1,000 horses, averaging 2 cwt. of meat each, boiled down every week; so that the quantity of cat and dog's meat used throughout London, is about 200,000 pounds per week, and this, sold at the rate of 2½d. per lb., gives £2,000 a week for the money spent in cat and dog's meat, or upwards of £100,000.—Dr. Thompson also states that the amount of beer used in Great Britain and Ireland amounts to 720,200,000 gallons. It is estimated that the quantity of the beverage consumed in Europe each year would require to contain it, a canal five English miles in length, fifty feet deep, and two hundred feet broad. At present England alone, spends \$100,000,000 a year in beer, and her expenditures for drugs used in adulterating beer and other intoxicating beverages are enormous.—The *Record* gives an extract from a communication by a Dr. Draper of the *Medical Press and Circular*, which states that ether is now extensively used as an intoxicating beverage in the North of Ireland. The introduction of the practice dates back five years, and its origin is accounted for by one, in the medicinal use of the drug where stimulants are contra-indicated, by another, in the desire of 'getting drunk more cheaply.' The writer says, that with these two exceptions, his authorities are unanimous in the opinion that ether drinking exists in consequence of the laudable efforts of the Roman Catholic cler-

gy in inducing their flocks to abstain from whisky. The quantity of ether taken is from two to four drachms repeated twice, thrice, and even four and six times daily.

Dr. Thudichum has lately given to the French Academy of Science, and the London Chemical Society, an account of a nitrogenous constituent of urine, to which he has given the name of Kryptophanic acid. Of the constituents of urine it is next in abundance to urea, and its formula is  $C_{10}H_{18}N_2O_{10}$ . To obtain kryptophanate of lime, the urine is treated with milk of lime, filtered, concentrated by evaporation, slightly acidified with acetic acid, and precipitated with alcohol. This salt is then purified, converted into a lead salt, and the acid set free by the addition of sulphuric acid.—M. Dumas has presented to the French Academy a process devised by Dr. Isaac Adams, of Boston, for the electric deposition of nickel. The process consists in using a solution of a salt of ammonia and nickel, from which the slightest trace of potash or soda is excluded.—It is said that the net-work of railroads and telegraph wires, which exist throughout the country, serves to equalize the electric conditions of the earth and atmosphere, so as to lessen the violence of thunder storms, while a liberal supply of rain is by it brought to regions that were formerly, at certain periods of the year, dry and parched.—The *California Medical Gazette* is publishing, seriatim, a list of the Flora of California, which has been prepared by H. N. Bolander, late State botanist.—A case of poisoning by prussic acid vapor occurred in a chemical manufactory in Brussels, by the fracture of a bottle containing 800 grammes of the poison. He was restored by dilute chlorine water and an ammoniacal embrocation. A dog in the room at the time died from the effects of the vapor inhaled.—*Am. Jour. Pharm.*—The Faculty of a College of Pharmacy has been organized under the auspices of the Chicago Medical College.—Klever, a German chemist, as stated in the *Am. Jour. Pharm.* has found that 100 parts of glycerine will dissolve 50 parts of tannic acid, 33 of sulphate of atropia, 10 of acetate of copper, 30 of sulphate of copper, 1.9 of iodine, 20 of acetate of morphia, 10 of borate of soda, 0.1 of sulphur, etc.—Prof. Boettger observes that oxygen may be obtained at common temperature by using a mixture of the hyperoxides of lead and barium, upon which nitric acid is poured, by which means oxygen free from ozone and antozone is obtained.

We read in the *American Educational Monthly*, that:—Sir Charles Lyell, the great geologist, is remarkable for the reckless eagerness with which he adopts anything that may serve to prop up the theory of an enormous antiquity of the human race. There are a series of elevated beaches on the coast of Scandinavia, which show that the sea once stood several hundred feet higher than it now does, and this rise has taken place since the drift period, or within the time of man. Sir Charles, and others, advance the idea that this rise has been steady and gradual at the rate of two and a half feet in a century thus making the age of man to be at least 240,000 years. Professor Kjerulf, of Christiana, who is making the government geological survey of the coast, and has carefully examined the raised beaches and terraces, declares the whole the-



ory to be utterly baseless. In the first place, he says the uppermost limit of the sea action is only one-tenth as high as Lyell states, and consequently this correction alone would cut down his figures from 240,000 to 24,000 years. Secondly, he proves that the coast has not risen by a constant slow motion, but has a series of sudden elevations, separated by periods of perfect rest; consequently the whole time spent in the elevation may have been very short. This is shown by the abrupt edges of the terraces, rising like stairs, and separated by level areas. Finally, he says that the idea that the coast is now rising is entirely erroneous, and that the present is a stationary period.

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### Scientific and Literary Publications.

The *Technologist*, a new monthly journal, issued by the Industrial Publication Company, of New York, is especially devoted to Engineering, Manufacturing, and Building. Its publication was commenced in February, and already it has received hearty appreciation and support which it well deserves, as its articles are popular in style and soundly scientific in character.—*The Arts*, is the title of a newly started magazine, published by J. M. Hirsch & Co., in Chicago, monthly, and devoted to Science and Art. The number before us contains a lithographic portrait of the late Thomas Graham, also a biographical notice of the eminent chemist. The proceedings of the Chicago Academy of Sciences are here presented, and also news from the School of Pharmacy, recently organized in Chicago. An interesting article on the velocity of the Psychical Functions of the Brain by Prof. Hinrichs, is of interest to physicians.—*The Atlantic Monthly*, which comes to us regularly, is cordially recommended as presenting standard essays upon the literary, political, and scientific topics of the day. Every one who has literary leisure, and is not already regularly furnished with this publication, will find it to be, in a good degree, one of his necessities.—*Little's Living Age*, is a reprint of articles selected from English Magazines, and is published weekly.—*The American Exchange and Review*, published by Fowler & Moon, of Philadelphia, contains in the May number articles on The Organic Theory of Disease, Ethnology in its Relation to Government, Kant's Critical Philosophy, Liebig versus Pasteurs Fermentation Theory, and other interesting contributions.

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### Prof. D. W. Yandell's Address before the Teachers' Convention.

This address was made in discussing the following proposition, which was the first one adopted by the Convention at Cincinnati in 1887.

"1st. That every student applying for matriculation in a Medical College shall be required to show, either by satisfactory certificate, or by direct exam-

ination by a committee of the faculty, that he possesses a knowledge of the common English branches of education, including the first series of mathematics, the elements of the natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession; and that the certificate presented, or the result of the examination thus required, be regularly filed as a part of the records of each Medical College."

Our readers will see the fate of the Teachers' Convention, by Observing the proceedings of the American Medical Association.

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### Buffalo State Lunatic Asylum.

The managers of the Buffalo State Lunatic Asylum, appointed by the Governor, consist of the following gentlemen:

Dr. John P. Gray, Utica Asylum.  
 Hon. Augustus Frank, Wayne County.  
 Hon. Horatio Morris, Chautauqua County.  
 Dr. William P. Gould, Niagara County.  
 Hon. Asher P. Nichols, Buffalo.  
 Hon. Dennis Bowen, "  
 Hon. A. P. Laning, "  
 Joseph Warren, Esq., "  
 George R. Yaw, Esq., "  
 Prof. James P. White, M. D., "

The first meeting will be held at the Tift House, in Buffalo, Thursday, May 26, at 11 A. M.

### Death of Sir James Y. Simpson, M. D., of Edinburgh.

The sad intelligence of the death of Prof. James Y. Simpson, M. D., was received at Washington, shortly after the sessions of the American Medical Association had closed, from a cable dispatch to Dr. H. R. Storer. A full account of a meeting of the physicians of the United States, at which eulogistic addresses were made, and by which appropriate resolutions were adopted, is now in waiting for the press, and will be presented to our readers in the June number of the *Journal*.

### Report of the Proceedings of the National Medical Convention.

In the very full account given in the present number of the *Journal*, of the proceedings of the late meeting of the American Medical Association, we have quoted from the "*Washington Morning Chronicle*," the "*Evening Star*," and the "*Boston Medical Journal*."

## Notice to Readers.

Quite a number of Reviews, Notices, and Acknowledgments, that we are anxiously waiting to give, are "crowded out" this month. Our purpose is to present them in full, early next month, and we ask the indulgence of our friends meanwhile.

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**PERSONAL.**—Prof. Sanford Eastman, and family, are spending the Summer in California, mainly for the benefit of the Doctor's health. The good wishes of many friends in Buffalo, and vicinity, will attend them in their absence.

## Books and Pamphlets Received.

**Anatomy, Descriptive and Surgical.** By Henry Gray, F. R. S., etc. With Drawings by H. V. Carter, M. D., also by Dr. Westmacott. Dissections by the Author, and Dr. Carter. An introduction on General Anatomy and Development by T. Holmes, M. A., Cantab. New American from the Fifth Enlarge! English Edition. With four hundred and sixty-two engravings on wood. Philadelphia: H. C. Lea. Received through T. Butler & Son.

**The Indigestions; or Diseases of the Digestive Organs Functionally Treated.** By Thomas R. Chambers, Honorary physician to H. R. H., the Prince of Wales; Lecturer on the Practice of Medicine at St. Mary's Hospital, etc. Third American Edition Revised. Philadelphia: H. C. Lea. Received through T. Butler & Son.

**Renal Diseases: a Chemical Guide to their Diagnosis and Treatment.** By W. R. Basham, M. D., Fellow of the Royal College of Physicians, Senior Physician to Westminster Hospital, etc. With Illustrations. Philadelphia: H. C. Lea. Received through T. Butler & Son.

**Spinal Irritation.** By Wm. A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in Bellevue Hospital Medical College, etc. A paper read before the New York County Medical Society.

**Medico-Legal Contributions.** Case of the People against Elisha B. Fero. By Chas. H. Porter, M. D., Albany, N. Y.

**Three cases of Imperforate Anus; with Remarks.** By J. H. Pooley, M. D., Yonkers, N. Y.

**Archives of Ophthalmology and Otology.** By Professors J. H. Knapp, M. D., New York, and S. Moos, M. D., of Heidelberg. Vol. I. No. I. New York: Wm. Wood & Co.

**The Transactions of the Medical Association of the State of Missouri.** From its Reorganization, December 10th, 1867, to the Annual Meeting, April 27th, 1869.

**Twenty-seventh Annual Report of the Managers of the State Lunatic Asylum, for the year 1869.**

**Annual Address before the Medical Society of the State of New York.** By Prof. James P. White, M. D.

**Valedictory Address before the Graduated Class of the National Medical College of Washington, D. C.** By Prof. John Ordronaux, L. L. B., M. D.

**Sixty-third Annual Circular of the Medical School of the University of Maryland.** Session of 1870-1.

**The Strange Defense of Dr. James H. Armsby.** By Chas. A. Robertson, A. M., M. D., Albany, N. Y.

**Correspondence concerning a Fatal case of Placenta Prævia.** By Charles Buckingham, M. D. With an Appendix by D. Barnard.

B U F F A L O  
*Medical and Surgical Journal.*

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VOL. IX.

JUNE, 1870.

No. 11.

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Original Communications.

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ART. I.—*Abstract of the Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, June 7, 1870.

The meeting was called to order by the President.

Members present—Drs. White, Rochester, Samo, Wetmore, Gould, Diehl, Potter, Daggett, Burke, Phelps.

Dr. Diehl, treasurer, presented the janitor's bill for care of rooms, and recommended payment of the bill, which was adopted.

At the previous meeting of the association Dr. Wetmore, on assuming the duties of President for the ensuing year, remarked that

He felt it incumbent upon him to impress upon the minds of the members of the association, that if we wished to be successful in any undertaking *we must be diligent.*

It was a trite though true saying, that anything that was worth doing at all, was worth *well* doing.

That we met here monthly for the purpose of an interchange of ideas and opinions for the purpose of discussing subjects which would the better enable us to combat the maladies with which we have to contend, for the purpose of obtaining and disseminating knowledge, and reaping from the field of science that which had been cultivated by our predecessors. That a goodly number of us were young men, and ought to be energetic, diligent, and eager to apprehend the products of experienced minds. That a tendency to delinquency had always more or less existed, and wished that we might resolve to be more punctual, and make our Association a society of culture, pleasure, and dis-

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cipline, each and every one striving to do something that would add to the granary of medical literature. That pathologically our interviews might be made more interesting and instructive. That we all have opportunities more or less to present specimens of morbid anatomy, diseased structures, and anomalous growths. And if a little thought be given these subjects, and our ideas advanced for discussion, that we would soon become interested as a "Pathological Society," and be adding to the storehouse of knowledge, and learn to think that our consultations were *luxurious necessities*.

He wished that every member might be awakened to his duty. That the medical world might know, through our *valuable Journal*, that the Buffalo Medical Association was not in the arms of morpheus.

Dr. Rochester reported Hooping Cough and Scarlatina as prevailing. The Hooping Cough is malignant, and very severe and attended with the characteristics of blood poisoning, the offensive smell from the body of the patient being very marked, together with quick pulse, dry tongue, and other indications of great prostration. These symptoms indicate blood poisoning rather than disease of the nervous centers or pulmonary tract. This view is supported by West and Aitkin in their treatise.

In the treatment of this form of Hooping Cough, nutriment and stimulants should be earlier employed than is usually the practice. Bromide of potassium is a valuable remedy, and anodyne, are necessary. Dr. R. also remarked, that, being a blood poison, it was frequently communicated; and, in answer to a question by Dr. Samo, said that it was sometimes repeated in the same person.

Dr. White remarked that he was, treating a case of Hooping Cough similar to the above, and had seen a case of it in a person twenty years of age; and also, but rarely, in those of advanced years.

Dr. Samo mentioned the case of a boy twelve years of age, who was suffering from a second attack.

Dr. White reported the following:

Remarkable case of Hydatid Cysts of the Liver: Mrs. T., of Lockport, N. Y.; a very large and fleshy woman, was the mother of three children, and had suffered two miscarriages. In 1858, twelve years ago, and following her last confinement, a tumor was discovered in the upper part of the right lumbar region. In 1863, after an abortion, her abdomen became greatly distended with fluid, and in May, 1863, she was tapped,—sixty-five pounds of a serous

straw-colored fluid being drawn off. After the evacuation of this fluid the old tumor, in the right side, could be felt. The medical gentleman who tapped her thought that the fluid was contained in an ovarian cyst; others, however, thought that the tumor was hepatic in origin, and that the cysts, if there were any, were likewise connected with the liver, but that the fluid was ascitic. After this operation the patient remained comfortable for several months. In May, 1864, her abdomen again became enlarged. She was again tapped, and thirty-two pounds of a darker colored fluid drawn off. This was followed by another tapping in September, 1864. She then became very comfortable, performed several journeys, attended to her household duties, and herself forgot the tumor in her side. Her health was good from September, 1864, to March, 1869. Her attending physician, Dr. Leonard, however, thinks that the tumor could at any time during this long interval of health, be clearly defined. He had had two or more occasions between September, 1864, to March, 1869, for examining the abdomen, and could define the tumor, although its existence gave rise to no inconvenience on the part of the patient. In March, 1869, her health became again impaired, and her abdomen again became distended. She was, therefore, again tapped, removing thirty-three pounds of fluid. At this tapping the fluid was not uniform either in consistence or color; some of it was transparent, some of it coffee-colored, some of it serous, and some of it much thicker than serum.

In September, 1869, she was again tapped, and from that time to May, 1870, the operation was repeated, I believe, four times,—little fluid escaping either time. The abdomen had now become greatly enlarged, and I saw her May 9, 1870, in consultation with Dr. Leonard. Her abdomen was terribly distended, above the umbilicus, with a hard unyielding mass; but below the umbilicus, fluctuation was distinct. The gelatinous quality of the fluid drawn off by an operation performed a few days previous to my visit, its small amount, only six pounds escaping; the fact that an elastic catheter had been passed in its whole length after removal of the trochar and, withal, the great duration of the disease, led me to hope that the fluid in the lower portion of the abdomen was contained in ovarian cysts, and that although there might be hepatic disease present, there probably was also multilocular ova-

rian disease. The symptoms were urgent, the discomfort insupportable, and as a last resort I advised to cut down upon the cysts, and if, upon exploration, it was deemed practicable, to remove them. Upon reflection the patient and her friends concluded to take the risk, and adopt the course I had recommended. Accordingly on the seventeenth day of May, in presence of Drs. Leonard, McCollum, Gould, Palmer, Foote, Kittinger, and others of Lockport, and assisted by Dr. Potter, of Buffalo, all concurring with me in the expediency of the course proposed, I cut down through the parietes of the abdomen. Upon opening the abdominal cavity there was found, opposite and above the umbilicus, a large irregular morbid fleshy growth extending across the abdominal cavity. Below this, and a little to the right of the median line of the body, there was a large cyst filled with fluid. The incision through the abdominal parietes was then enlarged in a downward direction, the cyst tapped, and as nearly as could be estimated forty pounds of offensive fluid, looking very much like gruel, drawn off. The sac, containing this fluid, was found to have its pedicle above and attached to the lower margin of the enlarged right lobe of the liver throughout its whole extent. A portion of the interior of this cyst looked like the walls of an abscess, showing that either this limited portion of the cyst had become a pus secreting surface, or that decomposition had already begun to take place in the walls of the sac, and likewise, accounting for the offensive odor of the fluid contained in it. After removing everything which could be safely taken away, the wound was closed in the usual manner for ovariectomy. The patient had been kept under the influence of anæsthetics for about thirty minutes. She was now given stimulants and an anodyne, and carried to her bed. She did not, however, rally, and although she became so intelligent as to converse with her friends, she sank and died six hours after the conclusion of the operation.

*Post mortem*, two hours later. Abdominal cavity containing no blood. Liver immensely enlarged, and filled with cysts containing fluid of different colors and degrees of consistence. The whole organ, with the exception of a small portion of the left lobe, had no appearance of liver, being rather an agglutination of degenerate growths, in which were interspersed cysts of various sizes. The

stomach, duodenum and jejunum, were inclosed in the mass, so that it was necessary to cut the intestine in order to remove them. The weight of this liver, with the remaining smaller cysts, was twenty-three and one-fourth ( $23\frac{1}{4}$ ) pounds. The weight of the fluid removed by the operation just described, was forty pounds. Now, allowing that four-fifths ( $\frac{4}{5}$ ) only of this fluid came from the larger cyst,—in other words, that one-fifth of it was blood and ascitic fluid, we would then have as a low estimate for the weight of this liver with its cysts, fifty-five and one-quarter ( $55\frac{1}{4}$ ) pounds, about fourteen times its normal weight. The uterus and ovaries were normal in size, position, and appearance.

Diagnosis: Hydatid cysts of the liver: echinococci of Frerichs.

I have taken the liberty to report this case, gentlemen, because hydatid cysts of the liver are very infrequently met with by American practitioners, and because I can find no record anywhere of a liver acquiring anything like the dimensions here described. It is, I think, unparalleled in size.

At the conclusion of this report Dr. White gave a brief resume of the nature, clinical history, pathological history, symptoms, and treatment, both medical and surgical, of hydatid cysts of the liver.

Dr. Diehl was requested to prepare his paper on post mortem appearances for the August meeting of the association.

Dr. Samo stated that his paper would be ready for the next meeting in July.

The President, Dr. Wetmore, having called Dr. Rochester to the chair, remarked:

That the regular essayist not having had time to favor us, that he would, by his request and the permission of the Association, read a poem entitled "*Medical Ethics*." Although it was an anomalous way of expressing one's ideas in a medical society, it would nevertheless be a change. Variety, however, is not always expected to be spicy. But inasmuch as it was not designed for publication, nor to establish a novelty in expression, he hoped they would bear with his eccentricity.

### Medical Ethics.

No captious thoughts, or aim, or disposition,  
Nor wish, nor jealous feeling, would  
In this hasty, hurried manuscript  
Bear intolerance, by he who writes suggestions  
Only, on such a theme as etiquette.



That medical ethics  
Needs reform, does not admit of cavil, nor of doubt,  
And needs that culture long ignored  
By some whose lives of earnest real endeavors  
Of firm, unwavering tread, of good and noble purpose  
Have made them true philanthropists.

Though philanthropic in their aim,  
Like nature everywhere steals in those selfish  
Hopes, and fears, and makes them jealous creatures:  
Could they forbear incentives and keep aloof  
The master passion, *loss and gain*, 't would be  
The *golden rule*, instead its quite too often *rule or ruin*.

Gold and fame o'erpowers the amateur,  
But rides a king triumphant through the world,  
Makes joy and sunshine everywhere, fills hearts  
With glee, with hope, and cheer, with mirth  
And pride, and "life that's real,"  
But not beyond the grave.

The body politic, all professions in life,  
Commerce and trade, the same pseudo ethics  
Portray. Being governed by habit: custom  
And fashion. More potent than law;  
Of human duty at least. Thus  
The ruling power of wealth and fame;  
Becomes established, and keeps at bay,  
The young of our profession.

Full well do I remember  
While in my youthful days, was on a time  
Selecting works of art and science, books  
Histories, lives of men like Scott and Moore,  
And glancing o'er a preface page, I read

"Like ivy 'round the oak the *poor*  
Young man must cling around some wealthy autocrat,  
Some power above his humble parentage,  
Some one whose fame o'erspreads the vast  
Domain of rich and poor, of high and low;  
Of pomp and pride, or else his progress  
Would be slow in gaining reputation.  
And even then his efforts might be  
Thwarted."

Incensed, indignant as I was  
Threw down the book ; and left the huckster  
Just as poor as when I entered  
Little thinking that his loss, was also mine ;  
That on those pensive pages, reasons why  
Were penned.

Since then I've pondered o'er  
And o'er a thousand times or more its meaning  
And all at once 'twas rendered.

I sought the book,  
And found my musings verified.  
Perverted science was the theme,  
And that of human duty.  
In other words 'twas ethics that demurred  
And stayed, and kept in check  
The would be energetic.

No little truth was there evinced,  
Which custom makes a law :  
Ignoring that which nature gave,  
For that which wealth would draw.  
Opprobrious custom in extreme  
Secured—perhaps by letters patent—  
A thousand years or more ago  
'Twere better were it latent.

Another reason has its sway, aside from power  
In wealth, and fame, and reputation,  
Is recognized in young and old, in high and low  
All o'er the world, in every station.

'Tis that of jealousy.  
Of fear, which fostering fancy feels,  
And fills the soul, the mind, the will,  
With false impressions.

Unpensive selfish  
Creatures, unsocial in their manners,  
Uncordial in their greeting, morose and peevish  
Keep aloof, that which should make them happy.

Methinks I've met with just such men  
In our profession. And with their jealous notions  
Had great opinions of themselves. Could ne'er

Be taught or cultured. Ignored the young  
And those of less experience. And here  
I'll detail one such case.

Once on a time  
Was summoned by a friend to see another's  
Patient. Responded no! Unless with the attendant.  
"But you are wanted," he replied, "to take the case  
Entire." Can't help it sir. There's Doctor A —,  
Much older in the profession, who cares for him  
I cannot doubt, much better than could I.

But all my reasonings futile proved.  
At last I did agree to meet the doctor the  
Following day for consultation,  
The hour came, and I was there; "  
Another passed, and I in waiting still:  
Began to think of leaving. But in my exit  
Met the sage, with a good morning doctor,  
Shaking hands. A fine nice morning this?  
"Yes," was his reply. "*Have you seen the patient, sir?*"

Seen the patient? No!  
Do you suppose  
That I, ignoring ethics would comply  
With friends, and treat you so unkindly?

He turning to the patient's friend, remarked  
"*If you'r dissatisfied with me, let him see the patient.  
Go in and see him, sir; I'll ne'er prescribe  
For him again.*"

I'll see him with you  
Was my reply. But not to take the patient.  
I came for consultation.

"Come in, come in,  
*Here's the patient, who's been sick three  
Weeks or more, with hepatitis.*"  
Detailing here prescriptions, then remarked  
"*He's doing well, and I'll continue just the same.*"  
Not asking me to approach the couch  
To even see the patient, much less to make  
Suggestions. But I saw the sick man  
And remarked: Be patient, sir, and you'll  
Get well. The doctor's doing all that can be done  
By any one. Keep quiet as you can,

The doctor gruffly muttered out  
 " *Well, that will help him some, perhaps,  
 That must be consolation.*"

I took my hat and walked away  
 Dismayed, disgusted, and disposed to think  
 'Twas *modern consultation.*

The patient was an honest man,  
 And did not like such play;  
 He summoned me just once again,  
 No ethics in the way.

The true gentleman has true etiquette  
 Is true to himself, his neighbor and his profession,  
 Is noble, just and kind, honorable in his dealing,  
 Conscientious in his aim, social in his nature,  
 Cordial in his greeting, obliging to his friends,  
 Is genial and refined; and honor, and distinction,  
 Will crown his efforts everywhere.

Sir John Herschell says,  
 " If a man has desire, and disposition  
 To become a scholar, and a gentleman of culture,  
 Give him discipline, books, and opportunity,  
 And success will crown his efforts,  
 Unless, perchance, his ethics become perverted."

'Twould seem that Herschell had in view  
 The power behind the throne, that always has,  
 And always will predominate. As long as custom  
 Makes a law, and envy strife, and jealousy,  
 Is not in abeyance held.

'Twas then, as now, the o'erpowering  
 Conquering ruling force. The stay of opportunity,  
 The one great secret of *unsuccess.*

Of unpropitious futile efforts.  
 Of blasted hopes and energies.

Give the young an opportunity, and good discipline;  
 Support their earnest, real endeavors. Buoy up their  
 Anxious, pensive, fettered powers. And put the shoulder  
 To the wheel when flagging 'tis observed.  
 And the primeval base of the *golden rule*

Will have been established. Thus,  
 The flowers and prints of literature,  
 The confiding, buoyant, fraternal power,  
 And the guiding stars of etiquette,  
 Will be thickly strewn along the path of life  
 To cheer the pilgrim on, as he journeys  
 O'er the hills, and through the vales  
 Of time.

The first lessons in life  
 Should be truthfulness to ourselves. Conscientiousness !!  
 Should guide our footsteps; should be the landmark,  
 The beacon light, as well as the incentive  
 Of all our future actions. Then wisdom  
 Truthfulness, prosperity, and goodness,  
 Will predominate.

Goodness,  
 Like all virtuous blessings, necessarily involves  
 A purity of purpose; a principle and desire  
 To avoid error, and all flagitious incentives.  
 It teaches us the "*Will do right*," motto, without which  
 We are constantly subjecting ourselves to the  
 Incredulity of our fellow men, and associates.

The confidence of our friends, our patrons,  
 And the world, is unestablished,  
 Upon which we build  
 A reputation, and distinction; the utility of which  
 Is indispensable to become great in our profession,  
 And honorable servants to the people.

If we are true to ourselves  
 We will conscientiously be true to others, and thus  
 True ethics will be established. Guiding  
 Our frail rudder by the old motto,  
 "*We will do right*," we will be enabled in drifting  
 Down the tide of life, to evade the billows of despair,  
 The crags of wantonness and disappointment.

Our wayside thoughts  
 May err. Our transient and erratic minds  
 May linger o'er the driftwood, scum, and dross,  
 Of a wayward world. And at times  
 'Twill seem the o'erpowering surf  
 In its retreat, will take us with it.  
 Saddened and disappointed in business

And affairs of life, we know not  
 What to do, where to go, or where to wander,  
 To drive dull care away.  
 And thus, we are apt to yield  
 To the allurements, vices, and errors  
 Of perverted, depraved, and enfeebled minds.

But like the retreating forces  
 Of a despondent army, by good generalship  
 We are sure to rally and call to aid  
 The *old motto*. And all is well,  
 The victory is won, the battle o'er the enemy ours.

Without these qualifications and endowments  
 Acquired by our own will, desire, effort and persistence,  
 We are but little better than the uncultivated native,  
 Devoid of self respect, principle, honor, or distinction;  
 And subject to disappointment in confidence,  
 In life, in business, in friends, and in the future.

Keeping in mind then,  
 That conscientiousness is the goal of goodness,  
 And goodness and purity the principle of the *golden rule*,  
 And the motto of *right* our beacon light,  
 We will be enabled to "paddle our fragile bark"  
 Through the billows of adversity, despondency, and despair,  
 And gain the shore of distinction and honor;  
 True to ourselves, our neighbor, and our God.

Adjourned.

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ART. II.—*Notes of Surgical Cases Treated at the Buffalo General Hospital. Reported by D. W. HARRINGTON, Acting Resident Physician.*

Horace Dawney, aged 25, admitted to the hospital April 12th, with a discharging ulcer on each side of thigh, four inches above knee joint. They were supposed to be caused by an injury received eight years before while wrestling. There was also partial ankylosis of knee joint. April 18th, Dr. Gay operated by making an opening about four inches long on outer side of leg, and removing a large amount of necrosed bone. The dressing used was a weak solution of carbolic acid. May 19th, the patient was up and

dressed; the wound is fast closing, with every prospect of finally obtaining very good result.

Charles Wanless, aged 11, admitted into hospital April 13th, with double congenital scrotal hernia. The external abdominal ring was large enough to admit two fingers, and when the intestines were down the scrotum was larger than a "man's fist." April 29th, Dr. Gay operated on one side by passing silver wire to connect pillars of external ring, making points of entry and exit of wire through cutaneous surface, about nine lines apart. A silk seton was also passed just below the wire, to increase inflammation, which was left in fourteen days. May 1st, the wires cut the integument between points of entry and exit; it was then tightened, bringing into closer apposition and nearly closing the ring. May 18th, the ends of the twisted wire were cut off; the opening made by the wire in cutting through the integument was united by straps that it might heal over the wire which was left. There was very little constitutional disturbance, and no signs of peritonitis. The pulse was never over 100. May 21st, the boy was up and dressed, and it can safely be called a "radical cure."

Daniel Connors, aged 26, was admitted into hospital February 24th, suffering from gonorrhœa of eighteen months standing; also a stricture situated in membranous portion of urethra. He was a patient at the same hospital during the months of August and September of the preceding year, and was treated by passing bougie, or sound, (the largest used being No. 10,) and allowing it to remain as long as patient could bear it; also by the use of different injections and general tonic treatment, with abstinence from fats, condiments, and spirits. He left the hospital September 30th, partly relieved from the stricture, but the discharge was about the same. During the fall and early part of winter he was under the treatment of Dr. Chimes, of New York City, and was a short time in Bellevue hospital, but with no improvement. He was readmitted into this hospital February 24th. The stricture was treated as before with good result. No. 12 sound could be passed without difficulty, yet the discharge continued. April 29th, Dr. Gay passed Lallemand's porte caustique, and the urethra was cauterized at the original seat of stricture, and a short distance external to it. This

was repeated after four days. He was given a f3i every four hours of the mist.

Ant. et Pot. Tart.,	-	-	-	-	-	gr. ii,
Morphiæ Sulphat,	-	-	-	-	-	gr. ii,
Aquæ,	-	-	-	-	-	ʒii.

May 21st. The stricture has entirely disappeared, and there has been no discharge for two weeks.

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## Miscellaneous.

### Therapeutic Note on Chloral.

BY SIR J. Y. SIMPSON.

Sir J. Y. Simpson gives (*Med. Times and Gazette*, Jan. 1, 1870) a very interesting account of his experience with chloral. He thinks that this remedy will prove of immense value in the practice of medicine, surgery, and midwifery.

"Hitherto," he states, "I have principally employed it as an hypnotic and anodyne. In sufficient doses I have found it, as a general law, as sure a producer of sleep and soother of pain as opium or any of its preparations. It is usually swifter in the induction of its narcotism, more tranquil in its action, and more prolonged in its effects than opiates are when taken as hypnotics; but above all, it seems in a great measure, free from some of the minor drawbacks and disagreeable accompaniments produced by a full and large dose of opium. In this respect it appears to me to fulfil successfully the indications which I predicted in the extract above given, of being a narcotic as powerful, and indeed more powerful, than opium, 'yet without either its direct constipating effects, or its indirect tendency to excite subsequent nausea, vomiting, etc.' The sleep induced by a full dose of it steals on without any premonitory symptoms. It is usually deeper, and yet more quiet and calm, than that produced by opium; and it does not leave subsequently the thirst, dry throat and tongue, disturbance of stomach and appetite, and languor of mind as well as body, which most persons unaccustomed to the use of opium commonly feel after a deep and narcotic dose of that drug.

"Ever and anon cases are well known to occur in practice in which patients declare their inability to take opium in any form without suffering severely from nausea, faintness, restlessness, and other evil effects. In several such cases I have now used chloral as an hypnotic with perfect success. A patient here at present from New York assures me that the preparations of opium and other vegetable anodynes have always acted upon her as poisons, and



without producing their usual hypnotic effects. 'Such,' she writes me, 'being my experience of anodynes, I was unwilling, as you remember, to take chloral, and hoped nothing whatever from it. It was administered to me in two half-doses, [thirty grains each;] the first dose, taken in the daytime, with light in the room and my people walking about, did not put me to sleep, but it soothed and calmed me completely. The second dose, given at night, was followed by nearly four hours of natural and refreshing sleep. I felt neither giddiness nor heaviness on waking, and neither then nor later did I experience any sensation of nausea as after other anodynes.'

"Two or three weeks ago I had under my care an old patient, a lady of great sensitiveness and intellectual power, from one of the midland counties of England. When last in Edinburgh she was the subject of a slight operation, and twice took a dose of chloral at night to induce rest. She slept under it quietly and refreshingly, far beyond her usual breakfast hour. Opium, henbane, and other anodynes had, when used, generally induced in her disturbed sleep, occasional sleep-talking, and sometimes somnambulism. A few days before coming on this last occasion to Edinburgh, she had a conversation with her mother regarding the kind of monument which they should erect over the grave of her father, who died two or three months since. That same day she had traveled up from Wales, felt ill, and had given to her a dose of henbane towards bedtime, with the hope of producing rest. In the middle of the night her husband was awoken by the ringing of his door bell, a shower of small stones launched against his bedroom window, and the dog barking within. On rushing down and opening the door he found his wife, whom he believed to be in bed, standing outside. The henbane draught had produced a fit of sleep-walking. After her husband and she had fallen asleep she had risen, dressed herself in her day clothes over her night clothes, removing for that purpose her bonnet and muff out of their special receptacles, and, in the middle of a dark and wet night, had walked off to a distance of two miles. She awoke with her left hand holding her two gloves within her muff, and the right hand grasping the cold iron handle of the inner gate of the churchyard in which her father had recently been buried. After using the chloral she expressed to me great satisfaction at the idea that she had now a medicine which seemed to produce nothing but a tranquil sleep, quite different from the disturbing effects of the narcotics which she had previously taken; and two days ago I saw an order from England at the apothecary's for several doses to be forwarded to her.

"Sometimes chloral produces its hypnotic effects when opium, from its long-continued use, had ceased to do so. To a patient who has had daily morphia injected subcutaneously for some years for neuralgia of the side under the hands of different practitioners, my assistant, Dr. Bell, gave at my request a drachm dose of chloral. Latterly a grain of morphia has been injected daily with the effect

of relieving the pain, but without producing sleep. She swallowed the dose of chloral early in the afternoon, and was asked to lie down in bed. I saw her in a quarter of an hour afterwards deeply asleep; and the lifting of one eyelid to look at the dilated pupil did not awaken her. She awoke out of the slumber free from her neuralgia.

"I am not aware of any special contra-indications to the employment of chloral when used for somniferous purposes. Even in head and chest affections, where I should have been chary of having recourse to opium as an hypnotic, I have employed chloral with perfect success. The contra-indications to opium offered by a tendency to constipation, etc., do not exist against chloral.

"Like all other remedies in the pharmacopœia, it will no doubt occasionally fail to produce its desired effect; but as seldom so, perhaps, as most of them. In a few instances the sleep induced by it has been dreamy and hysterical, particularly when the patient was not kept in a state of perfect quietude; but these are rare exceptions to the general rule.

"In the present remarks I have spoken specially of the somniferous or hypnotic powers of chloral. I have used it for other purposes, but it is not my intention to dwell upon them at present. It will not fulfill all the many and almost endless indications for which opium is used in medicine; but I have seen enough to convince me that it will prove a very valuable anodyne in some cases of neuralgia, hystericalgia, dysmenorrhœa, pleurodynia, etc., and in the pains attendant upon cancer and acute local inflammations. In some cases of irritable bladder and chronic cystitis I have found it give the patient much longer and more perfect rest than large doses of opium. In several instances it has seemed to me, when given in small and repeated doses, to soothe down both acute and chronic cough with remarkable effect; and I have known it to relieve asthma. Lately in a young lady whom I saw, in consultation with Dr. Taylor, suffering under a severe attack of congestive bronchitis with some hæmoptysis, and orthopnoea, a small dose (twenty grains) of chloral was given at night. 'She speedily fell asleep,' wrote Dr. Taylor to me the next day, 'and slept soundly until 4 A. M., when she sat forward in bed and coughed, but appeared to be only half awake. When I called in the morning at 10.30 she was still enjoying a most placid slumber. 'As I contrast,' Dr. Taylor adds, 'the distressed and audible breathing of last night with the tranquil sleep and improved state of the patient to-day, I cannot help concluding that chloral has a directly sedative effect on the whole respiratory surfaces.'

"Occasionally I have exhibited chloral in continuous small doses for one, two, or more weeks in succession, and apparently with most marked benefit, particularly in cases of chorea, threatened or incipient insanity, etc. A patient from Illinois, who, for several years, has always regularly suffered excruciating spasmodic pain in the left iliac region, attended with some discharge, for eight days before menstruation began (she has disease of the fundus uteri and

left Fallopian tube,) has, during the last two periods, kept at bay this old and formidable suffering by taking chloral night and morning during the threatenings of it. She strongly assures me that formerly she had used very large doses of opium and other anodynes without any such favorable effect. I have found the parturient uterus to go on contracting regularly and strongly when the patient was so deeply asleep under chloral as to be only imperfectly wakened up with the expulsive effort of labor.

"The dose of chloral to an adult for an hypnotic which I have usually employed has varied from 50 to 60 grains; but 25 to 30 grains suffice in some patients. In a case of long-standing sleeplessness, and which has resisted great doses of opium, Indian hemp, etc., etc., 120 grains failed to produce any effect. When used for anodyne and other medicinal purposes, a continuation of smaller doses—as 10 or 20 grains several times a day—is sufficient.

"In administering chloral I have given it only by the mouth and by enema; almost always as a draught. It is somewhat acrid and pungent to most palates, and hence requires to be diluted well with water, and to have added to it a large quantity of syrup."—*Medical News*.—*St. Louis Medical Journal*.

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### Hay-Fever Caused by Vibriones.

Helmholz says, in *Virchow's Archives*, that since 1847 he has been attacked every year, at some time between May 20th and the end of June, with a catarrh of the upper air-passages. These attacks increase rapidly in severity; violent sneezing comes on, with secretion of a thin, very irritating fluid; in a few hours there is a painful inflammation of the nose, both externally and internally; then fever, violent headache, and great prostration. This train of symptoms is sure to follow if he is exposed to the sun and heat, and is equally certain to disappear in a short time if he withdraws himself from such exposure. At the approach of cold weather these catarrhs cease. He has otherwise very little tendency to catarrhs or colds.

For five years past, at the season indicated, and only then, he has regularly succeeded in finding vibriones in his nasal secretions. They are only discernible with the immersion lens of a very good Hartmak's. The single joints, commonly isolated, are so characterized by containing four granules in a row; each two granules being more closely connected, pair-wise, and the combined length equaling 0.004 mm. The joints are also found united in rows, or in series of branches. As they are seen only in the secretion which is expelled by a violent sneeze, and not in that which trickles gradually forth, he concludes that they are probably situated in the adjoining cavities and recesses of the nose.

On reading Binz's account of the poisonous effect of quinine upon infusoria, he determined to try it in his own case. He took a satu-

rated neutral solution of quiniæ sulph. in water=1:740. This excites a moderate sensation of burning in the nasal mucous membrane. Lying upon his back, he dropped 4 centim. of the solution, by a pencil, into each nostril; moving his head meanwhile in all directions, to bring the fluid thoroughly into contact with the parts, until he felt it reach the œsophagus. Relief was immediate. He was able, for some hours, freely to expose himself to the heat of the sun. Three applications a day sufficed to keep him free from the catarrh, under circumstances the most unfavorable. The vibriones, also, were no longer to be found.

The experiment was made in 1867; and was repeated at the first recurrence of the attack in May, 1868, preventing the further development of the attack for that year.—*Scientific American*.

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### Transformation of the Hydrate of Chloral into Chloroform in the Human Organism.

M. Personne's communication on Chloral, has just been brought before the Academy of Sciences. The results of his experiments point to the transformation of chloral into chloroform within the human organism. His experiments were conducted in two ways. First, chloral was directly mixed with the blood of an ox; next, the substance was given in toxic doses to a dog, which was slain when in a condition of complete anæsthesia. The blood of both animals was examined, and not the slightest trace of chloroform was to be detected by the smell. But when M. Personne, thinking that the smell of chloroform was necessarily covered by that of the blood, resorted to other means of investigation, he arrived at quite different results. A chemical analysis of the fluid was made, and then it was discovered, by employing the usual means for the detection of chloroform, that a large quantity of chloride of silver could be obtained from the blood which had been directly mixed up with the chloral, and a less quantity from the blood of the dog which had absorbed the substance. As the objection might be made that the chloride of silver does not result from the transformation of chloral and the consequent introduction of chloroform into the blood, M. Personne at once tells us that he could obtain the chloride of silver only when a small quantity of carbonate of sodium was added to the hydrate of chloral. Thus, he says, the alkali in this experiment has alone transformed chloral into chloroform, as does the alkali of the blood. The same results were obtained on examining the residue found in the stomach of the dog; and M. Personne states that absorption through this channel is extremely slow. Examination of the urine furnished no traces of chloroform—a fact which is in contradiction to what Dr. Bouchet has recently observed.

M. Personne has come to the conclusion "that hydrate of chloral  
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does not pass through the human organism without undergoing a transformation, but that on reaching the blood it is separated into formic acid and chloroform, which latter substance is subsequently converted into chloride of sodium and formiate of soda, the products of its elimination."—*Lancet*.

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### On the Use of Electricity in Obstetrics.

Dr. de St. Germain, surgeon to the Lying-in-Hospital, has recently been conducting a series of experiments with electricity, as an obstetric agent, and he thus sums up the results in a communication brought forward at the Imperial Society of Surgery:—

1. We have not been able in any one case to produce uterine contractions, when they had not already appeared of their own accord.

2. Whenever labor had commenced, and the contractions were succeeding each other at intervals of fifteen or twenty minutes, the application of electricity to the lateral walls of the abdomen produced a considerable amelioration of the uterine contractions, after the lapse of only ten minutes.

2. We have also stated that each contraction excited by electricity was much longer and more painful than the others.

4. The dilation of the cervix seemed to press constantly with rapidity under the influence of galvanic excitement.

5. In all the cases the expulsion of the placenta immediately followed that of the child.

6. In two instances only we observed a slightly bluish hue on the skin of the child; but this might have been attributed to cyanosis, brought on by circular constriction.—*Lancet*.

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### Scarlet Fever.

Sir William Jenner, Bart., M. D., F. R. S., Physician in Ordinary to her Majesty the Queen, discourses in the *Lancet*, as follows, with reference to scarlet fever: What is the treatment of uncomplicated scarlet fever, with trifling local specific process? For the poisoned condition of the system we have no remedy. There are those who say ammonia is the remedy; there are those who say that hydrochloric acid is the remedy; and so on with a variety of drugs. From experience we have no remedy for the general disease. We can only act upon the broadest general principles of calming the patient when excited; of stimulating him to keep the heart beating, when he is excessively weak; of cooling the surface when the heat is excessive. Give the patient pure fresh air to breathe. The *very* grave cases are hopeless from the first. For the mild cases little treatment is required. A cool room, light clothes, unstimulating diet, a mild aperient, a chlorate of potash, which seems to allay the irritation or inflammation of the throat. Some give a little dilute

mineral acid; sulphuric acid was all that used to be employed at the London Fever Hospital. He believes that the best remedy is the chlorate of potash drink. A drachm of the salt is put into a pint of barley water, and the patient is allowed to sip it down as he pleases.

By keeping the room well ventilated, any increase of fever is prevented, and the air is kept pure. The state of the urine, the skin, and the throat must be watched all the time. Dr. J. in concluding, lays great stress upon the following: changing the clothes of the patient, as well as noting the air in the room. The blankets of the bed should be changed frequently, as well as the body linen and sheets.—*Medical Gazette*.

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### An Antidote to Chloral.

M. Liebreich, of Berlin, after having studied and made known the physiological properties of hydrate of chloral, has directed his attention to the obtainment of a remedy which may counteract the baneful effects of the substance. This antidote he asserts to be strychnia. The results of M. Liebreich's novel researches were laid before the French Academy of Sciences a few days ago, by Professor Wurtz, of the Paris Faculty. M. Wurtz stated that the attention of the Berlin experimenter had been drawn to strychnia by the observation of a case of trismus, which, after having persisted eight days, was immediately cured on the employment of chloral. This led him to produce, artificially, the phenomena of tetanus in animals by the administration of strychnia, in order to study the effects of chloral on this artificial condition. He then observed that chloral diminished the effects of strychnia, provided it were exhibited very soon after the administration of the alkaloid.

Another important result was obtained when M. Liebreich, pursuing his researches, discovered the effect of strychnine on animals poisoned by large doses of chloral.

He then made out that strychnia, administered after too heavy a dose of chloral, shortens and destroys the effects of this substance, yet without producing the injurious action which it exhibits in ordinary cases. Therefore, M. Liebreich proposes to employ injections of nitrate of strychnia as an antidote in cases where accidents have occurred through an overdose of chloral or chloroform.—*Lancet*.

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### On the Influence of Syphilis in the Production of Tubercle.

The fact of the awakening of a dormant predisposition to tuberculosis by syphilis Dr. Lebert has frequently observed, as well as the power of syphilis to produce tuberculosis where no predisposition had existed. The microscopical appearance of the neoplasm, produced by syphilis in the lung, are not at all distinctive; they

do not resemble gummy tumors, and in fact cannot be differentiated from the same lesion produced by the cachexia of tuberculosis; they may be regarded as a perversion of nutrition by profound infection of the organism, the morbid processes in either instance producing very similar results. (Well-defined gummy tumor, however, is sometimes found in the lungs.) Having established the fact of the development of tuberculosis of the lungs and glands by syphilis, attention is called to the necessity, in cases of phthisis, of the recognition of the syphilitic cause, if it exist, and the institution of the treatment indicated. Dr. Lebert has himself seen marked amelioration and even permanent recovery in such cases under the influence of proper medication.

The treatment of one particular case was by the inunction of 16 grains of mercurial ointment; at first once daily, subsequently twice each day. The mode of inunction directed is somewhat peculiar: "A piece of bladder is to be moistened and then allowed to dry only so far that it may still remain soft; this bladder, when filled with cotton wool, constitutes a tampon on which the ointment is to be placed and by means of which it is to be rubbed in during about fifteen or twenty minutes at a time. The inunctions must be made at different places alternately, so as not cause an eruption at any of the places." In the use of mercury for constitutional syphilis, Lebert very much prefers the inunction to other modes of administration, as it acts more efficiently, is less liable to disturb digestion, or to produce those unpleasant symptoms of pytalism which though not syphilitic very much annoy the patient. He adverts to the fact that inunction at one period fell into disrepute, by reason of the fact that physicians when using the treatment confined the patients to very warm atmospheres and low diet. He regards salivation as injurious, and thinks that as anæmia and impaired nutrition are unfailing concomitants of syphilis, low diet and the debilitating influences of high temperatures are very prejudicial and to be avoided. He summarizes his views as to administration of mercury and the treatment of constitutional syphilis as follows: 1. Mercury is preferable administered in the form of inunction to that of hypodermic injection or by the mouth. The quantity daily required by the method is thirty-two grains. 2. Combined with mercurial inunction, an invigorating and nourishing diet is necessary, avoiding any digestive disturbance. The patient should not be confined to his room, but may be active in out-door pursuits, if he avoids cold and wet. 3. Pytalism is always to be avoided; this is accomplished by washing the mouth with common water, by frequent bathing and by the use of chlorate of potash both internally and as a gargle when the first signs are noticeable. 4. Avoiding unnecessary fasting and perspiration, the course can be pursued without attracting notice, can be continued indefinitely, and repeated in case of relapse. 6. In inveterate cases of constitutional syphilis, good effects follow the combined internal administration of iodide of potassium with the inunction.—*Med. Times and Gazette*,—*American Jour. Syphilography and Derm.*

## Editorial Department.

### Buffalo State Insane Asylum and Clinical and Didactic Teaching in Medical Colleges upon the Subject of Insanity.

The Medical profession in this vicinity is already deeply interested in the progress of the Asylum for the Insane, about to be built by the State of New York in the City of Buffalo, and our readers will many of them, take much pleasure in learning of its prospects; we have therefore taken pains to inquire into the present standing of its affairs. The Board of Managers has been appointed by the Governor, and held its first meeting, organizing by the election of James P. White, of Buffalo, as President.

The following Committees have also been appointed:

*Committee on Plans.*—John P. Gray, M. D., James P. White, M. D., Dennis Bowen, Esq.

This Committee has made some progress, has examined several institutions, and is now engaged in the meeting of the Superintendents of Insane Asylums in Hartford, where they propose to examine the newly remodeled institution in that city, and afterwards to visit most of the New England institutions for the care of the insane.

A plan has been nearly matured and completed, which is thought to have better arrangement for ventilation and classification of patients than any ever yet adopted. In view of the practical wisdom and large experience of the committee, not only in constructing buildings for that purpose, but of the chairman, Dr. Gray, also, in the care and treatment of the insane, the friends of the enterprise may confidently expect that this institution will possess advantages nowhere equalled; that it will be a model for imitation in the erection of Insane Asylums, the world over.

The city is proceeding as rapidly as possible in obtaining title to the site, and the State has appropriated fifty thousand, which will be this year expended in grading, fencing, sewerage, laying foundation, &c., &c., &c. This is under the direction of the *Committee on Grounds*, Joseph Warren, Esq., A. P. Lanning, Esq., and George R. Yaw, Esq. A topographical survey of the grounds is being made, and thus the work will be conducted upon a well digested plan.

In the location of this Asylum in Buffalo, every right-minded lover of humanity will take pleasure, upon the general principle that it is here capable of doing the greatest good to the greatest number; but there is another reason why the profession may look with satisfaction upon this location of the Asylum. It is well known how active and earnest Prof. White has been in this enterprise, and that to him may be traced the conception and much of the progress thus far made, in which he has been most ably and efficiently aided by Senators A. P. Nichols and L. L. Lewis, and Joseph Warren, Esq., and others, to whom many thanks are due from the citizens of Western New York and vicinity. Prof. White, doubtless from the very first, saw that it would afford



opportunity for clinical teaching of insanity in the University of Buffalo—his favorite institution, and thus aid in supplying a deficiency in the curriculum of medical education. Most of the profession have already noticed how actively and efficiently he has labored to introduce didactic and clinical instruction on insanity as a part of the course of medical education, and have been gratified by the favor with which his propositions have everywhere been received. It will be remembered that his first presentation of the subject was in his address before the New York State Medical Society, which resulted in the appointment of a committee to report at the next meeting. Again, in the American Medical Association his resolutions on this subject were unanimously adopted; and more recently at the present meeting of the Superintendents of Insane Asylums at Hartford, the same propositions are introduced by him and received with marked approbation. The idea is, that physicians are often called to treat insanity in its earliest stages, and therefore should be familiar with its nature and best modes of treatment, the same as with other diseases. This subject of clinical teaching in insanity, has been most ably presented to the profession and public by Dr. E. P. Gray, of Utica, in an article published in the *Journal of Insanity*, for April, 1870, from which we take great pleasure in quoting a paragraph which gives some of the facts in the recent history of this subject:

"In February, 1868, in the annual address, as President of the Medical Society of the State of New York, the editor of this journal,\* advocated the absolute necessity of didactic and clinical teaching of insanity and other cerebral and nervous disorders, in our medical schools, and quoted the experience of Griesinger in verification of its thorough practicability. Within the past year Dr. Hammond, Professor of the Diseases of the Mind and Nervous System, and of Clinical Medicine, in the Bellevue Hospital Medical College of New York, has opened a clinic on nervous diseases and insanity, and Prof. J. Keating Bauduy, of St. Louis College of Physicians and Surgeons, has instituted a clinic at Saint Vincent Insane Asylum, St. Louis, Mo.

Professor James P. White, of Buffalo Medical College, in his inaugural address as President of the Medical Society of the State of New York, in February, 1870, thus urged this subject again on the attention of the profession: 'There is one step in a forward direction, which should now be taken, and which seems to me this Society can promote by its influence and indorsement. I allude to the teaching of Psychological Medicine, as a part of the curriculum of the college course. Is it less important that diseases of the mind, always involving the brain and nervous system, with their sympathetic connections and influences should be properly taught and illustrated with cases, than any of those maladies, now deemed essential to be clinically taught in any institution? The attention of the profession is beginning to receive this direction; some steps have already been taken towards its accomplishment, and I believe the medical mind is thoroughly ripe for action, if commended by this Society

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\**Journal of Insanity*—Dr. E. P. Gray, of Utica.

in suitable and proper terms. Permit me, therefore, to suggest the appointment of a select committee, to take this matter duly into consideration, and recommend to the Society what action, if any, it should take in its furtherance.'"

Drs. John P. Gray, of Utica, Joseph C. Hutchinson, of Brooklyn, and Charles H. Porter, of Albany, were appointed a committee on the President's address, and reported a resolution, which was unanimously adopted, expressing the necessity of making didactic teaching and clinical instruction in insanity and all other cerebral and nervous diseases, obligatory as a part of the curriculum of study in our medical colleges, and directing the Secretary of the Society to send a copy of this resolution to the faculty of each medical college of the State.

Thus this important subject has received the indorsement of one of the oldest, and probably the most influential of the medical societies in the country. It is greatly to be regretted that so large a majority of the institutions for the treatment of the insane are remote from established medical schools. However, a sufficient number are in proximity to medical colleges to inaugurate at once this important advance in medicine.

In the location of the new State Asylum, in the 8th judicial district of New York, the past year, the Commissioners of location, having this in view, and being all medical men, \*gave unanimous preference to Buffalo over other localities presented. The established medical college in that city being in proximity to the ground presented for the asylum, the advantages of clinical instruction can be at once realized.

In conclusion, Dr. Gray says :

It is evident that while psychological medicine must still be a speciality, from the necessity of most cases of insanity requiring to be cared for and treated in hospitals, it can no longer be severed from general medicine. It is inseparable from medical science. Insanity is too intimately interrelated with all disordered conditions of the organism to isolate it in general study and practice. The demands of medical science and the indications outlined, point to a union. Medicine is one study; all departments are inseparably related by psychological laws and pathological conditions. Medicine is no longer an art, but a grand science; and while it is too vast for the comprehension of any mind, it is nevertheless a unit.

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### Death of Sir James Y. Simpson, M. D., of Edinburgh. Resolutions adopted by a meeting of American Physicians at Washington.

A meeting of such of the physicians of the United States as were then present at Washington, was held in the Army Medical Museum, May 10th, of which Dr. Thomas Miller was elected President, immediately upon the organizing of

\*Dr. John P. Gray-Superintendent State Asylum, Utica; Prof. James P. White, of Buffalo; Dr. Wm. B. Gould, of Lockport; Dr. Milan Baker, of Warsaw, and Dr. Thomas D. Strong, of Westfield.

the meeting, Dr. H. R. Storer of Boston, in presenting resolutions, made the following remarks, as reported in the *Washington Chronicle*:—

**MR. CHAIRMAN AND BRETHREN OF THE PROFESSION:**—It is with the deepest grief that I announce to you the decease, of which I have learned by cable dispatch from his son, of Prof. Sir James Y. Simpson, of Edinburgh. That our friend had himself prepared me by messages from his dying bed for his departure renders the loss none the easier to be borne. His very fortitude in his suffering, and his resignation to the Divine will, but revealed a more profound death and a lovelier beauty in his character, with which it was but the harder to part.

Dr. Simpson was so universally known to our profession throughout the world, as he was, indeed, to mankind at large, that I need enter into no detail concerning his history. He rose from the obscurity of a country village to be the favorite of his sovereign, the peer of the highest literary and scientific authorities, the cynosure of the medical and surgical intellect of this century. It was as if by magic, but his only talisman lay in the perfect bravery, persistency, sincerity, and simplicity of his life. Quick to perceive, he was equally apt in executing. He expended no unnecessary force, he begrudged no required effort. He was not merely the skilled accoucheur and the thoughtful, wise gynecologist; his suggestions regarding acupressure, now in daily practice, have placed him as a surgeon side by side with Ambrose Pare, while the revolution achieved by him as to the fundamental idea of hospitalism entitles him to the glorious appellation of having been the modern father of medicine, a second Hippocrates.

There are those present who, from personal acquaintance with the facts, know that these claims are in no sense forced or overstated. At less than sixty he had accomplished all that has been said, and yet, still in the fresh prime of his life, we hoped for even riper fruits from his vast experience. But it was not so ordained. His last professional work, sent to us from his death-bed, was for the vindication of the honor of one of our own countrymen, whose memory, thus redeemed, will always be embalmed in our hearts conjoined with that of Simpson. His reply to the second letter of Dr. Jacob Bigelow concerning the history of Practical Anæsthesia, communicated to the Gynæcological Society, of Boston, and received through it by you at the session of the American Medical Association just ended, went far to influence your decision as to the person to whom the honor of that glorious discovery, the most beneficent ever made since the foundation of the world, was really due. By an unanimous vote upon the last day of the session, and in pursuance of the recommendation of the Section of Practical Medicine, by whom the evidence adduced had been carefully scrutinized, you pronounced in favor of the late Dr. Horace Wells, of Hartford, Conn. Upon the evening of the same day—his earthly labors thus beautifully ended—the spirit of Dr. Simpson took its flight.

There would be no place in this country so fitting for these few words of eulogy, this poor utterance of our common gratitude, as the national capital;

and this Army Medical Museum, filled as it is with the results of achievements, formerly impossible, is in itself his fitting monument. Coming together from the uttermost parts of the continent, we go hence to homes where his name is everywhere a household word, never to be forgotten so long as the primal curse, from which, through God's great grace, he took the sting, shall lie upon suffering woman. The nations shall rise up indeed to call him blessed, and blessed he is, if to have faithfully worked through his whole life in the Lord's vineyard, in season and out of season, cheerfully doing that which was given him to do, bearing up under the heaviest domestic afflictions, not resenting unkindly the sarcasms and ingratitude of petty men, assuming withal for the dear Saviour's sake. His heavy cross, the jeers of sceptics and the taunts of those who daily crucify him anew—if to have lived thus is to have gained entrance into the joy of the Lord, blessed he is indeed.

Of my own personal bereavement I have now nought to speak. There may be those present, however, who will remember my language of fifteen years ago, in the preface to the American edition of those "Memoirs and Contributions," to edit which, in conjunction with Dr. Priestley, now of London, it had been my great privilege to be selected. "Treating me as his son, I had learned to love him as a parent." As such, indeed, I have found the tie that is now broken. There are sorrows that can not express themselves in words. I can only offer you the following resolutions. They will be found but feebly to convey what I know is in all your hearts:

Whereas it is an instinctive and very natural desire among men to lament with those who are in affliction, and to mourn with those who weep; and whereas it has pleased the Giver of both mortal and eternal life to call unto Himself His good and faithful servant, known upon earth as Dr. James Y. Simpson, of Edinburgh: therefore,

*Resolved.* That in Dr. Simpson American physicians recognize not merely an eminent and learned Scotch practitioner, but a philanthropist whose love encircled the world; a discoverer who sought and found for suffering humanity, in its sorest need, a foretaste of the peace of Heaven, and a devoted disciple of the only true physician, our Saviour, Jesus Christ.

*Resolved.* That in acknowledging, for ourselves and our brethren, the excellence of him who has gone, and in thus honoring his memory, we would tender to the members of his family in their sorrow our respectful sympathy.

*Resolved.* That a copy of these resolutions be sent to the widow of Sir James Simpson, and to the British Minister resident at Washington, with the request of the latter that they be transmitted by him to the several English medical journals as a mark of the esteem felt in this country for the deceased.

Dr. Geo. A. Otis, U. S. A., in his remarks, said that he wished that the incalculable indebtedness of military surgeons to that wisdom and courage which was manifested in the discovery of chloroform, might be fittingly appreciated and due honor paid to one, who has conferred upon army surgeons, the greatest

boon they have received since Ambrose Pare discovered the ligature, and who deserves as well as Pare, to be called a man-loving, king-honored, God-serving physician. In our late struggle, chloroform was administered in more than one hundred and twenty thousand cases, and he was unable to learn of more than eight cases in which a fatal result was fairly traceable to its use.

Dr. Geo. Clymer, U. S. N., remarked feelingly upon the great obligations the medical staff of the navy, sustained towards Prof. Simpson.

Dr. C. C. Cox, said that:—Distinguished as Sir James Simpson was in the *specialities* to which so much of his life was devoted, he can hardly be said to have been *homo unius libri*, since he acquired distinction in physics, belle-letters, and theology. It may be said that he was the Mæcenas of the ancient and classic city of Edinburgh. His house was ever open to men of letters, and his breakfast table especially, (as I have good reason to know,) was never without representatives of the various departments of useful knowledge. It was on these occasions that his genial character, unobtrusive modesty, and vast attainments were most conspicuously manifested.

To Americans he was especially kind and courteous. I remember most gratefully my own cordial reception at his hands. It was my good fortune to be under his roof, to ride with him on his daily professional rounds, and to visit his modest infirmary, so familiar to my friend, Dr. Storer, and I can truly say that my intercourse with that great and good man forms one of the most agreeable recollections of my foreign sojourn.

Gen. R. Mussey, then in behalf of the other learned professions and the public, gave an impressive eulogy of the life and entertainments of Dr. Simpson. After remarks by others, upon motion by Drs. Garnett and Young, it was voted that a copy of the proceedings of the meeting be given to the daily papers, also to the Secretary of the American Medical Association. Dr. Hull then moved that the resolutions offered by Dr. Storer and seconded by Dr. Johnston, be signed by the members of the meeting, which was adopted. The meeting comprised a large number of the principal physicians of the District of Columbia, also many from distant parts of the country.

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### Items, Selections and Remarks.

BY W. W. MINER, A. B.

M. Behier, knowing of the antagonism of morphia and atropia, which was described by Von Graefe in 1862, gave seventy-five drops of laudanum in doses of ten drops every ten minutes, to a patient who had taken one-fifth of a grain of sulphate of atropia, and with the effect of diminishing the intensity of the toxic symptoms, whereas symptoms of poisoning by opium would have been produced had not atropia previously been taken.—Dr. H. C. May, of Corning, N. Y., stated in the *Record* for June 1st, a case of atropine versus opium, and says that he is firmly persuaded that but for the antidotal effects of the atro-

pine, the patient would have succumbed to the narcotic effects of the morphine.

—The use of an atomized solution of lactic acid, as well as of lime-water spray, has been recommended for the removal of the fibrinous exudation of croup.—Dr. Geo. F. Jenkins, of Sandusky, Iowa, published in the *Philadelphia Reporter*, the history of a severe case of rattlesnake poisoning which he treated by the hypodermic injection into the wound of one drachm of aqua ammonia, and again of the same amount of ammonia diluted with an equal amount of water, inserted at a point near the wound; whisky was also made use of. He says that he firmly believes that the ammonia saved the patient's life, and were he called to another case, especially if it were soon after the wound was inflicted, he would not hesitate to rely exclusively upon the hypodermic injection of aqua ammonia.—In the furor caused by the great prevalence of small pox in Paris at the present time, two thousand persons were vaccinated at one of the establishments where virus, directly from kine, was made use of. The experience of the Paris physician within the last few weeks, has abundantly confirmed belief in the value of vaccination as a protection against the ravages of small pox, and has also not confirmed belief in the superior virtue of virus from the kine.

Dr. Charles Daremberg has been elected to the newly vacated chair of History of Medicine, in the Faculty of the Paris School of Medicine. Drs. Lorain, Bouchet, Maurice, and Raymond, were his competitors for the position. Dr. Daremberg has been engaged for many years in writing a "History of the Medical Sciences," the last volume of which has just been issued by Bailliere & Son. The *New York Medical Journal* speaks of the work as being very erudite and interesting, and recommends it to the Sydenham Society for translation.—Dr. Christopher Johnson, of Baltimore, has been appointed to the chair of Surgery in the University of Maryland, which position Dr. Nathan R. Smith has lately resigned.—Dr. Albert Day has retired from the Superintendency of the State Inebriate Asylum at Binghamton, and has established in Massachusetts a private institution where he can employ, without limitation, the methods he believes to be most efficacious in the treatment of patients under his care. Dr. Daniel G. Dodge is his successor in the Asylum at Binghamton.—Dr. Henry Gibbons, Sr., has been elected President, and Dr. T. M. Logan, permanent Secretary, of the California State Board of Health.—The annual meeting of the Maine State Medical Society will be held at Bangor, commencing Tuesday, June 28th, and continuing three days.—The Society for the Protection of Infants held an enthusiastic meeting at Paris this year, at which Dr. Boudet was elected President, and Dr. Mayer, Secretary.

R. J. Fowler writes from Paris to the *Druggists' Circular*, a description of the "Lelanche Battery," now extensively used in France. It consists of an outer jar containing a concentrated solution of sal ammoniac, and a sheet or rod of amalgamated zinc; the solution should only half fill the jar, and in it should be placed a porous jar containing bruised peroxide of manganese, in which is immersed a rod of good gas carbon. The battery uses up only while its circuit

is closed, and twenty-eight cells of the Lelanche battery are said to be equal to forty of Daniel's. The amount of chemical action in this battery, and the length of its duration is said to be exactly proportionate to the work it is called upon to perform.

The *Dental Cosmos* states a case that promises to be fatal, of a dentist resident in a small town in the State of New York, who, in operating for a patient suffering from a syphilitic difficulty, contracted the disease from absorption of the virus at a point on one of his fingers where the skin was broken by a hangnail. The dentist, not recognizing the disease, was soon forced to leave his practice; and now, is not expected to long survive the severe effects of the disease.—Dr. Turner, in his "Second Annual Report of the State Inebriate Asylum," states that out of 1406 cases of delirium tremens which have come under his observation, 980 had an inebriate parent or grand parent, or both. He believes if the history of each patient's ancestors were known, it would be found that 8 out of 10 of them were free users of alcoholic drinks.—*Medical Record*.—A monument to Dr. Horace Wells, the discoverer of anæsthesia, is shortly to be erected in Hartford, Conn.—Fifty-three thousand infants are annually born in Paris, of which twelve to thirteen thousand at the end of the year are dead.—Dr. Beigel exhibited before the London Pathological Society, April 5th, the pubic parts taken from the body of a member of a religious sect in Russia, known under the name of the sceptics. The penis, scrotum, and testicles, are removed with one sweep, and the specimen was the first that had been obtained in Russia, so successful had the sect been in preserving secrecy. He also exhibited photographs of members of the sect, showing the change in physiognomy following the removal of the genitals.—*Record*.

Dr. Benjamin Howard has been awarded the prize this year by the American Medical Association for his essay on "Aneurism."—The Alumni Association of the College of Physicians and Surgeons of New York City, has given this year's prize to Dr. Andrew H. Smith for an essay upon "Oxygen Gas as a Remedy in Disease."—Seventeen ladies have entered the London University examinations this year.—One hundred and fifteen persons died with cerebro-spinal meningitis in Coffee county, Ga., in the month of March.—It is said that man requires one twenty-third of his weight in food daily.—Clinics, in mental diseases, have been given in Great Britain at the University of Cambridge, by Dr. McKenzie Bacon; at Guy's Hospital, by Dr. Thomas Dickson; and at Glasgow, by Dr. Charles Robertson.—The June number of the *Gynecological Journal* appears in full mourning in honor to the memory of the late Prof. James Y. Simpson.—The recent troubles at the Paris School of Medicine between the students and M. Tardieu, are at an end.—A lady graduate in medicine has obtained from the *New York Medical Gazette*, a prize for the best clinical reports presented to it for publication.

Dr. Mathews Duncan is thought of as successor of the late Sir James Y. Simpson in the University of Edinburgh.—Dr. Paul F. Eve has accepted the chair of Clinical and Operative Surgery in the University of Nashville.—

Dr. Hering, of Vienna, succeeds the late Prof. Purkinje in the chair of Physiology at Prague. Prof. Helmholtz, of Heidelberg, declined leaving his present position.—Sir Thomas Watson, who has been suffering with ———, is now recovering.—Rokitansky has been elected President of the Imperial Academy of Science at Vienna.—Prof. C. L. Ford, of Long Island College Hospital, Brooklyn, N. Y., embarked upon the "Marathon" for a trip to Europe, whence he returns in season for the commencement of the next lecture course.

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## Official Report of the Transactions of the American Medical Association at its Recent Meeting in Pamphlet Form.

The permanent Secretary of the American Medical Association, Dr. William B. Atkinson, has issued an official report of the proceedings of the recent meeting in Washington. There was a great necessity for this, as nothing appeared except the newspaper reports, which were incorrect. The real action of the association has not yet been published, and we are satisfied that the profession will feel under the greatest obligation to Dr. Atkinson for thus early furnishing the report in pamphlet form. It can be obtained by addressing him at No. 1400 Pine street, Philadelphia, Pa. *Price, 25 cents.*

We hope that all our readers will avail themselves of this report, and if they have time, compare it with our report of the "legislative section," *mostly from notes taken on the spot*, though the Secretary, in a private note intimates that "*all the reports thus far published, are based upon newspaper reports, which are very erroneous.*" The permanent Secretary has done more for the association than any other man; contributed most of all to its interest, prosperity, and usefulness, and we hope to never say less of him, whatever he may think of the accuracy of our observations at the last association meeting, but would very modestly suggest that *we* published our report from original personal observation, and though the association voted against any papers being carried into or out of the hall, thus confiscating our notes, still the report was *original*. Hope the Secretary will make the acknowledgment, and that all physicians will send for his report.

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## Ladies' Hospital Association.

It will be welcome news to the profession of this city and surrounding country the announcement that the organization named in the caption of this article, is now in successful operation. The need of an hospital devoted exclusively to the medical and surgical treatment of the diseases of females has long been felt, and now, thanks to the ladies of this city, an institution of this nature is *au fait accompli*.

The Board of Directory is composed of ladies who, in entering upon this grand work, have evinced an energy worthy of them.



It could not be expected, during the initiatory steps of a work of this kind, where much money would be required in order to carry out the purposes ultimately aimed at, that an edifice could at once be erected with sufficient capacity to accommodate a large number of patients, therefore the ladies have wisely entered into an arrangement with the trustees of the Buffalo General Hospital—the latter assigning to the former a section of the hospital, consisting of general and private wards, the patients to be under the medical and surgical treatment of the staff of the General Hospital, the Ladies' Hospital Association paying into the treasury of the General Hospital five dollars per week for each patient received. Under this financial arrangement whoever contributes funds toward the support of one of the institutions, contributes also, indirectly, to the support of the other; the resulting pecuniary benefits to both being mutual and reciprocal, while in their relation to the care of the sick and unfortunate they are entirely distinct, the one from the other, except that both organizations are under the supervision of the able and faithful Superintendent, Mr. Wm. C. Bagley.

I should not fail to state that the Ladies' Hospital Association embraces a Lying-in Department, and several lying-in women can already testify to the beneficent provisions here made for their care and comfort.

I have thought some record should be made of this new institution, which is in fact, if not in name, a "Woman's Hospital," and know of no more suitable place for record than the pages of the *Journal*, I append the list of officers and members of the Executive Committee. These names give ample assurance and guarantee of the success of the enterprise:

*President.*—Mrs. J. B. Skinner.

*First Vice President.*—Mrs. Thomas F. Rochester.

*Second Vice President.*—Mrs. J. F. Chapman.

*Third Vice President.*—Mrs. E. Young.

*Executive Committee.*—Mrs. R. J. Sherman, Mrs. C. F. Wadsworth, Mrs. W. C. Robinson, Mrs. J. N. Scatcherd, Mrs. S. D. Sykes.

Executive Committee meet every Tuesday, at 10 A. M., and the association meet the second Tuesday in each month, at three P. M., at the Hospital.

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## Books Review.

*The Cell Doctrine. Its History and Present State.* BY JAMES TYSON, M. D.

This work appears opportunely for the American public, and from a somewhat careful examination of the book we see that it treats of its subject in a worthy manner. A history of the "cell doctrine," occupies the greater portion of the book, and is given by the author with the faithfulness

and impartiality of a historian. In the collection of facts, the author has endeavored to attain completeness; he has presented appropriate illustrations as they are needed, and has added a bibliographical list of published works on the topic. The history of the subject is brought down to the very date of the publication of the work, in the conclusion of which, the author presents his own views, as resulting from a careful examination and comparison of the views of other observers, as well as from his own personal observation, which, as lecturer in microscopy in two professional schools in Philadelphia, has been somewhat extended. The book is published in good style, is inexpensive, and will be valuable to those who are interested in the subject of the development and growth of organisms, a matter which so strongly agitates the scientists of the day. Dr. Tyson has stated his views briefly thus:

In conclusion, then, it may be stated, 1st, that the "cell," or "elementary part," originating only in a pre-existing cell, is the ultimate morphological element of the tissue of animals and plants.

2d. That the cell, contrary to the belief of the earlier histologists, and, indeed, many later observers, is *rarely vesicular* in its structure, but generally more or less solid throughout.

3d. That the cell is composed of "germinal" or living matter which is central, and includes "nucleus," "endoplast," "protoplasm" and "sarcode;" and of "non-germinal," or "formed" matter, which is peripheral, and corresponds with "cell wall" and "intercellular substance."

4th. That this germinal matter of the cell in a part or all of its substance, may assume a special morphological state, usually round or oval, commonly known as the "nucleus" of the cell, which, when present, is always a young center of germinal matter; but that in other instances both animal and vegetable cells may be complete without this special form of germinal matter or "nucleus," as in the non-nucleated amœbæ and protogenes primordialis of Hæckel, the non-nucleated monads of Cienkowski, and in the leaf of Sphagnum, in such Algæ as Hydrodictyon, Vaucheria, and Caulerpa, and in young germinating ferns.

5th. That in consequence of these facts, it cannot be said that in the nucleus alone resides the power to reproduce the cell, since we find the nucleus not essential, but that in the germinal matter, of which after all, the nucleus, when present, is but a part, resides this function.

6th. That when the smaller body within the nucleus, usually known as the "nucleolus," is present, and as it often is in complete cells, it is simply a younger center of germinal matter than is the nucleus itself, and is the last formed portion of germinal matter, instead of being the oldest part of the cell, as originally taught by Schleiden and Schwann. And thus, according to the latest views, the whole process is reversed. The old order of succession being 1st. The "nucleolus;" 2d. About this the "nucleus;" and finally about this the "cell wall," which embraces the cell contents. Now, however, what constitutes the "cell wall" when present, is the oldest part of the cell; next in age are the so-

called "contents," whether germinal matter or not; next the "nucleus," and last and youngest the "nucleolus."

7th. That the formed material constituting cell wall and intercellular substance may be somewhat chemically different from the germinal matter, or protoplasm whence it was converted, as the secretions of gland-cells, or may be a simple condensation of the exterior of the cell, as in the red blood disc.

8th. That the so-called "free nuclei," so often referred to by pathologists in their descriptions of minute structures, are simply masses of germinal matter, smaller than those to which the name cell is usually given, which, if time be permitted, will pass into perfect cells by the usual production of formed matter on their periphery; that they do not originate spontaneously, but from previously existing germinal matter. So, too, "granules," if they be composed of germinal matter, present the same attributes and endowments, arising from previously existing germinal matter, capable of growing, multiplying, and assuming all the characters of fully formed cells, but never originating spontaneously. Granules otherwise composed are *histolytic* and *not histogenetic*,—that is, they result from the breaking down of tissue rather than go to building it up.

*Modern Therapeutics: A Compendium of Recent Formula and Specific Therapeutical Directions.* By GEO. H. NAPHEYS, A. M., M. D. Philadelphia: S. W. BUTLER, M. D.

The author has collated from a variety of sources, such formulæ and methods of treatment as are now in use by the best medical authorities, and after having presented them in a series of articles in the *Philadelphia Medical and Surgical Reporter*, now offers them in book form to the profession. He remarks that while books of similar character have previously been arranged with reference to the articles of the *Materia Medica*, in the present work the nosological order has been adopted and effort has been made to assign proper rank to Therapeutics. Another volume is hereafter to be published, which is to add completeness to work already accomplished.

*Williams on Disease of the Eye.* Boston: FIELDS, OSGOOD & Co.

We are happy to acknowledge the receipt of the third edition of this most excellent work upon the diseases of the eye. While it does not claim to contain all that is known of the eye, or aspire to take the place of the larger and more complete works, it still comprises a plain and very complete description of the common diseases and accidents which are liable to befall the organ of vision, and is sufficiently comprehensive in its scope to afford the general practitioner a satisfactory guide. It is, indeed, better adapted to the wants of the physician in general practice, than any of the elaborate complete works which require thorough education and much time to fully appreciate their minute

teachings. It is important that every physician be educated to some extent in Ophthalmology; at the present time, no student should graduate without having paid adequate attention to this subject, and no College should be recognized which does not make provision for teaching it.

It is not, perhaps, to be expected, neither is it desirable that all general practitioners become experts in Ophthalmology, but it is of infinite importance that they become somewhat intelligent on the general subject, and understand at least enough to know what cases they may safely advise, and what they are wholly unqualified to treat; from lack of this, many a poor victim is to-day suffering from hopeless blindness. This work by Dr. Williams, now very extensively known in the profession, is eminently adapted to the wants of students and general practitioners. Its plain terms, faithful and clear description of disease, and condensed form, commend it to the favorable consideration of the profession. It explains and illustrates the theories of refraction and accommodation, the development of which constitutes so much of the recent advances in Ophthalmology. The methods of making Ophthalmoscopic examinations are described and illustrated, and the common diseases and accidents of the eye are described plainly and fully, making it in all respects complete so far as consistent with its general design of brevity.

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*Twenty-seventh Annual Report of the Managers of the State Lunatic Asylum at Utica, for the year 1869.*

In order to be convinced that a Lunatic Asylum is not merely an institution for the physical coercion of such human beings as are without reason, but is rather an hospital for the medical and surgical treatment of diseases of the nervous system, one may well read the recent reports from such institutions; physicians can hardly fail to learn something worth the knowing from the yearly hospital reports of the medical officers who have this class of diseases in trust. The whole number of patients treated at the Utica Asylum since its opening is 9,225, and of these, 3,572 recovered, and 1,407 were discharged, so far improved as to return to their usual duties. The Managers state, that from long experience and observation, they cannot too strongly urge that when insanity is clearly recognized, the patients should be promptly sent to an asylum. The reluctance of friends, and sometimes unreasonable and unfounded prejudice against asylums, too often prevent admission in the early stages of insanity. It ought to be considered that delay often results in confirmed insanity, and not unfrequently in death. Dr. Thurman, a distinguished writer on the subject, states that if cases were treated within three months of the first attack, four-fifths would recover, but if twelve months elapsed, four-fifths were incurable, and so in proportion as the time was longer or shorter. Attention is called to the condition of the insane confined in county poor houses, and the necessity of enlarged asylum accommodations, and it trusted that the liberality

of the State will soon provide for the proper security and treatment of the insane. The able and excellent Superintendent, Dr. George P. Gray, in his report, which is a valuable contribution to the scientific study of disease, states that if the large number of patients admitted this year, the table of causation will show that the insanity is directly due to physical causes; no moral cause can be potentially operative, except as developing bodily disorders somewhere in the organism. Insanity is a pathological state of the physical man; the psychological, mental, or psychopathic element is the result of this pathological condition. Very many elements enter into a tabulation of the causation of insanity, and it is necessary that the etiology of each individual case be accurately diagnosed, and treatment appropriate to that case adopted. It is to medicine proper that we are to look for relief from insanity; and moral appliances secondarily receive attention. Griesinger says: There are in affections of the brain, only three distinct categories of morbid elementary symptoms, viz, those of lesions of sensibility, lesions of motion, and lesions of intelligence. The mental or psychic symptoms may also be brought within an equally narrow compass, viz, excitement, depression, and enfeeblement. Last year (Dr. Gray) recommended the appointment of a special pathologist to make such investigations as are now demanded by medical science, but which could not be made as they should be without increasing the medical staff. He feels abundantly satisfied that this was not only a step in the right direction, but that in the appointment by the managers, of Dr. E. R. Hun, of Albany, as special pathologist, the proper person has been secured to carry out the work in this field of scientific inquiry; a task in which not only patient labor is required, but also the sympathy of the medical profession and of the public, and the co-operation and encouragement of State officials, from which sources they have thus far received cordial approval. Their labors, so far, have been confined mostly to experiments with the sphygmograph on the pulse, and to microscopic examinations of morbid tissues. He trusts they may be able to include as they advance: 1. Examinations of secretions in all stages of the disease. 2. The pulse under the sphygmograph to determine its force and character, and whether any, and if so, what coincident relations its various phases may bear to physical states and psychological manifestations. 3. The pulse under the sphygmograph to show the influence of medicine on the circulation. 4. Examination with the ophthalmoscope to ascertain the relations of morbid changes in the optic nerve, vessels, etc., of the eye, to pathologic conditions of the brain and its membranes. 5. The skin, its temperature, color, elasticity, sensibility, etc., in the several forms and stages of the disease. 6. *Post mortem* appearances generally and microscopically. 7. Photographic representations of morbid conditions and specimens. In July last Dr. Henry D. Noyes, of New York, spent some days at the Asylum in the ophthalmoscopic examination of the eyes of patients, giving instruction in the use of the instrument, and pointing out physiological and pathological appearances. This brief clinic was most interesting, highly instructive and useful. In cases of paresis, of which he ex-

amined a number, embracing all stages of the disease, he found in each case a lesion of the optic nerve and vessels, characteristic of each stage of the disorder. If paresis, as Calmell and others maintain, has its origin in chronic cerebral-meningitis, the study of its early symptoms is of the highest importance, and from what he has already seen he feels warranted in asking the attention of medical men to this point of inquiry. Dr. Gray alluded to another most interesting and important question of research,—that of the relation of phthisis to brain disease; he remarks also upon the sphygmograph and his experience in its use. The work concludes with a full clinical report of a number of different cases of interest which there came under observation. The State is to be congratulated on the prosperous condition of the Utica Asylum, and the ability of the officers who have it in charge.

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*Archives of Ophthalmology and Otology.* Volume 1. No. 1. By Prof. H. KNAPP, M. D., of New York, and Prof. S. Moos, M. D., of Heidelberg. New York: WM. WOOD & Co.

This publication, which is to be issued simultaneously in English and German is of an eminently able and scientific character. The labor expended in its production is of great magnitude, both in the work of preparing its articles, which are altogether original, as well as in the manner of its publication, which is unexceptionable, and its lithographic illustrations, which are numerous and excellent. Three hundred and sixty-four pages are presented in this first issue, which it is intended shall be regularly succeeded every six months by other similar numbers. The articles in the first number are: Entoptic Phenomena connected with the circulation of the blood, by B. A. Pope, M. D., of New Orleans; extirpation of the Fibro-Cartilage of the upper eyelids for the cure of certain cases of Entropion and Trichiasis, by B. A. Pope, M. D., of New Orleans; Test-pipe for Astigmatism, by Dr. Orestes M. Pray, of Brooklyn; on a modification of Iridectomy Forceps, by Dr. Liebreich, of Paris; modification of the advancement of the muscle, by Dr. R. Liebreich, of Paris; two cases of extraction of foreign body from the Corpus Vitreum, by R. Berlin, of Stuttgart; dislocation of the Crystalline into the Corpus Vitreum and afterwards into the Anterior Chamber, by Henry D. Noyes, of New York; stricture of the Nasal Duct, by E. Williams of Cincinnati; two cases of inflammation of the Tympanum, with development of Polypus, by James Hinton, of London; Embolism of a Branch of the Retinal Artery with Hemorrhagic Infarctus in the Retina, by H. Knapp, of New York; on the formation of Cysts in the Iris, by L. Wecker of Paris; Cataract extraction operations, by Henry W. Williams, of Boston; reports and remarks upon a third series of one hundred cases of Cataract Extraction by the Peripheric-Linear method, by H. Knapp, of New York; alterations of Taste and Sensibility by the application of an Artificial Tympanum in a case of Large Perforations in both Membranæ Tympani, by S. Moos, of Heidelberg; Isolated Rupture of the Choroid, resulting from concussion of

the eyeball, with chromo-lithographs, by H. Knapp of New York; on the theory of Binocular Vision, with chromo-lithographs, by H. Kaiser, of Dieburg; contributions to the Pathology of Burns of the Cornea from Lime, with chromo-lithographs, by H. DeGouvea, of Rio de Janeiro; the galvanic reaction of the Nervous Apparatus of Hearing, in conditions of Health and Disease, by W. Erb, of Heidelberg; investigation on the relation between the Handle of the Malleus and the Membrana Tympani, with chromo-lithograph, by S. Moos of Heidelberg; two fatal cases of Ear Disease in Court, by S. Moos of Heidelberg; on the Medico-Legal significance of Atrophy of the Tympanum, produced by hardened cerumen, by S. Moos of Heidelberg; peculiar disturbances of hearing after Cerebro-Spinal Meningitis, and considerable improvement by the galvanic current, by S. Moos of Heidelberg; on Retinitis Leucæmica, by O. Becker, of Heidelberg; a case of Pyæmia from suppurative inflammation of the cavity of the Tympanum, induced by the use of Weber's Nasal Douche, by D. B. St. John Roosa, of New York. We are happy to see so many valuable contributions thus brought together, of which a good number are by American authors. We trust that German industry, American enterprise, and the professional ability of both countries may unite in securing the continued success of this publication.

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*Relaxation of the Pelvic Symphyses during Pregnancy and Parturition.* By FREDERICK G. SNELLING, M. D.

In a paper read before the Medical Journal Association of New York on "Relaxation of the Pelvic Symphyses," by Frederick G. Snelling, M. D., the author cites two cases which came under his own care and observation, presents accounts of cases by various physicians and authorities, and also describes the anatomical features of the condition of relaxation. After giving the views which have been entertained by other writers he remarks: "I think it is not forcing a conclusion to regard it as proven from what has been advanced that an uncertain, varying degree of relaxation or *ramollissement* does obtain in a very large number of cases in the pregnant and puerperal condition, of a physiological and benign character, and entirely consistent with health, and that it is to the excess alone of this condition that pathological results are due."

"Relaxation is not the only diseased condition of the pelvic articulations incident to pregnancy, nor by any means the gravest; *suppurative* inflammation, with its attendant dangers, frequently sets in, and carries off the patient in spite of all that care and skill can do; and furthermore, *rupture* of the symphyses may take place as a crowning result. The latter usually occurs after a severe labor, and is caused by some disproportion between the foetal head and the pelvis of the mother, or in some cases by one of the forms of mal-presentation. It generally takes place in osteo-malaceous or rachitic pelvis, where the conjugate diameter is greatly shortened. It may take place in either the pubic or sacro-iliac articulation, but its favorite seat is the right sacro-iliac. It has been known to involve two symphyses at once."

Remarks are subjoined which were made at the Association Meeting by Professors Fordyce Barker and Isaac E. Taylor, of whom the former thinks that "the cedema and consequent laxity of the ligamentous tissues may be due to the mechanical obstruction of the venous trunks by the pressure of the presenting part, or foetal head." Dr. Taylor has the impression that the relaxation of the pelvic, and especially the pubic, is only a part of a physiological process, and that this relaxation sometimes occurs two or three times during pregnancy. The profession will find the whole subject quite fully presented and discussed in this pamphlet, which is a reprint from the *American Journal of Obstetrics* of February last.

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*Gray's Anatomy, Descriptive and Surgical.* Fifth Revised Edition.  
Philadelphia: H. C. LEA.

This work is too well known and appreciated to need any extended remarks or criticism. The present American edition has passed through the press under the supervision of Dr. Robert J. Dunglison, who has carefully corrected any errors that may have escaped the hands of its English editor, the well known Dr. T. Holmes, M. A., who remarks that "In this edition the plan of the work has been so far altered that the portion on General Anatomy, which was previously scattered through the book, has been collected into an introductory chapter, and re-written so as to furnish the student with a very succinct, but it is hoped, sufficient introduction to the study of Microscopic Anatomy; and to this has been added a short description of the chief processes of the development of the ovum, and of the structures characteristic of the foetal state; a subject which, though undeniably an integral portion of Human Descriptive Anatomy, was passed over in previous editions." The illustrations in this chapter on General Anatomy have been borrowed principally from Koelliker, Todd & Bowman, and Harley & Brown. There are, in short, fifty additional pages, and sixty-seven new illustrations, introduced to the present work. In the descriptions of the minute structure of the different tissues of the body, such statements are given as may be plainly understood, are for the most part generally admitted, and are such that the student, with the microscope, may demonstrate them for himself. This description of the structure of the various tissues which have been distinguished in name in the work, but have been hitherto undefined by it, cannot but supply a real need of such students as are not possessed of special works on Histology.

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*Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, at Providence, R. I.*

This institution, founded by private munificence, is under the charge of John W. Sawyer, M. D. The buildings are situate at a convenient distance from the noise and dust of the city, and we have reason to believe that its officers are able and efficient in their ministration to its necessities and comforts.



*A Manual of Clinical Medicine and Physical Diagnosis.* By  
THOMAS HAWKES TANNER, M. D. Philadelphia: H. C. LEA.

As the demand for this work, which was first issued fifteen years since, still continued; some time after it was out of print, the author entrusted to an editor, Dr. Tilbury Fox, the task of preparing this second edition, by whom many additions have been made. The Laryngoscope, Ophthalmoscope, Sphygmograph, and Thermometer, have been made the subject of special sections; Pericardial, Endocardial, Abdominal, Cerebro-Spinal, and Feigned Diseases, are also given particular attention. Other marks of progress might be noted, and on the whole, the book ranks high among works of this class.

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*Report of the Resident Physician of Brigham Hall, an Hospital for the Insane, for 1869.*

This private institution is situate in Canandaigua, and is under the judicious management of George Cook, M. D. His report says that the total number of recent cases treated in the hospital in the course of the year, is forty-four; of this number thirty have been discharged recovered, two unimproved, two have died, and eight remained under treatment at the close of the year. Of these eight cases two are, at the time of writing the report, quite well, while in four others, convalescence is so far established as to indicate with certainty, their complete restoration. This would make thirty-six recoveries in forty-four cases, with four of them remaining under treatment too short a time to determine the result. No array of facts or opinions would be more conclusive on the importance of early hospital treatment in insanity.

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*Transactions of the Medical Association of the State of Missouri.*

This society having been thoroughly reorganized, has now published a report of its proceedings from the date of its reorganization, December 10th, 1867, to the annual meeting, April 27, 1869, inclusive. We notice in the volume interesting addresses by Drs. M. A. Pallen, Montgomery, and J. S. Moore; also reports respecting the memorial presented the legislature on the qualification which practitioners of medicine in the State should possess; also the memorial to the American Medical Association respecting a higher standard of scholarship necessary to a degree. In the Appendix to the Report of Transactions, may be found valuable essays, entitled: Fœticide or Criminal Abortion, by M. A. Pallen, M. D.; statistics of fifty-one successive capital amputations performed on fifty individuals, by A. Hammer, M. D.; causes and relationship of some hereditary diseases, by W. B. Outter, M. D.; advancement of knowledge of diseases of females during the last quarter of a century, by G. M. B. Maughs, M. D.; improved Hodggen Splint for treating fractures of the Femur, by E. A. Clark, M. D.; fractures of the Olecranon, by E. A. Clark, M. D.; Suspension Splint of treating fractures of the leg, by E. M. Clark, M. D.; on the treatment

of Lachrymal Obstructions, by John Green, M. D.; use and abuse of the Obstetric Forceps, by G. M. Maughs, M. D.; Artificial Pupil, by William Dickinson, M. D., illustrated by two lithographic plates, giving test diagrams for the detection and measurement of Astigmatism.

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*Thirteenth Annual Report of the Trustees of the State Lunatic Hospital at Northampton, Mass.*

This institution, which has as fine a building and location as could well be found, is under the immediate care of Pliny Earle, M.D., a gentleman of culture and well-known efficiency.

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*Sixteenth Annual Report of the Trustees of the State Lunatic Hospital at Taunton, Mass.*

The Superintendent, Geo. C. S. Choate, M. D., here presents carefully prepared statistical tables respecting the management of the institution, which is one of three hospitals for the Insane of the State of Massachusetts, which are situate in Worcester, Taunton, and Northampton respectively.

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*Second Annual Meeting of the Nebraska State Medical Society.*

We have received several copies of the *Omaha Daily Republican* giving an account of the proceedings of the State Medical Society of Nebraska at its second annual meeting, which was held June 8th and 9th, at which Dr. N. B. Larsh was elected President, and Drs. J. C. Denise and S. D. Mercer, Secretaries. A spirit of good-will and zealous devotion to the science of medicine seems to pervade the members of the Society.

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*Nocturnal Enuresis and Incontinence of Urina.* By FREDERICK G. SNELLING, M. D. New York: TURNER & MIGNARD.

After naming an extended list of primary causes of the disorder treated of, the author states: "In glancing over the list of causes, it is apparent that diverse as these may be, they can only act by giving rise to one of three prime conditions, viz, Atony, or paralysis of the bladder, itself, permitting over-distension, and resulting in stillicidium; abnormal irritability and contractility of the bladder, sufficient to overcome the resistance of the sphincter; or atony, or paralysis of the sphincter vesicae itself." We may have insufficiency of power, or actual paralysis, either of the cerebro-spinal fibres, of the sympathetic system, or of the muscular coats of the bladder itself. Manifestly, if the deficiency be in the voluntary fibres, it would be worse than folly to expect a child to control his sphincter muscle, but I am convinced that this is rare in children to the extent of actual paralysis. There is generally a combination of feebleness of innervation, and a habit of inattention preserved from baby-

hood. The *nervous system may become habituated to inattention*, as also on the other hand to the unconscious exercise of voluntary power. In the incontinence of the old, or middle-aged, the will is not often at fault; there we have to deal with a condition of actual paralysis, or irritation, entirely distinct from the exercise of voluntary power, dependent upon different causes, and requiring different treatment. The mutual relations and possible interactions of these different lesions, should be steadily kept in view. All treatment will prove unavailing, or at best only palliative, until the exciting cause, or *point du depart* of the disease is discovered."

The treatment deemed appropriate by the writer for these different classes of lesion, is given at length in the pamphlet, which may be obtained of the publishers.

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### Books and Pamphlets Received.

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Surgical Memoirs of the War of the Rebellion. Collected and Published by the United States Sanitary Commission. By John A. Liddell, A. M., M. D. Edited by Prof. Frank Hastings Hamilton. New York: Hurd & Houghton for the U. S. Sanitary Commission. Received through Martin Taylor.

Obstetric Operations, Including the Treatment of Hemorrhage. By Robert Barnes, M. D., Lond., F. R. C. P., Obstetric Physician to, and Lecturer on Midwifery and the Diseases of Women and Children at St. Thomas' Hospital, etc. With additions by Benj. F. Dawson, M. D., late Lecturer on Uterine Pathology, in the Clinical Department of the University of New York. D. Appleton & Co. Received through Martin Taylor.

A Physician's Problems. By Charles Elam, M. D., M. R. C. P. Boston: Fields, Osgood & Co. 12mo. pp. 400.

The Men who Advertise: American Newspaper, Rate-Book and Directory, 1870. New York: Geo. P. Rowell & Co.

Notes on the Physiology and Pathology of the Nervous System with reference to Clinical Medicine. By Meredith Clymer, M. D. Reprinted from the New York Medical Journal for May and June, 1870.

Health officers' Annual Report of the City of Rochester, for the year ending March 31, 1870.

Constitution, By-Laws, Code of Ethics, and Fee-Bill, of the Medical Association of the City of Toledo, Ohio. Adopted March 11, 1870.

The American Grocer. A Weekly Trade Journal. John Darby & Co., 161 William street, New York.

The Little Corporal. Chicago: Sewell & Miller.

The Sunday School Workman. New York: Rev. Alfred Taylor.

The Writing Teacher. New York: A. M. Ellsworth & Co.

The Cape Ann Advertiser. Gloucester, Mass.

The Physician's Monitor for 1870.

Minutes of the Twenty-first Annual Meeting of the American Medical Association, held in the City of Washington May 3d, 4th, 5th, and 6th, 1870. W. B. Atkinson, M. D., Secretary.

B U F F A L O  
**Medical and Surgical Journal.**

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VOL. IX.

JULY, 1870.

No. 12.

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Original Communications.

ART. I.—*Medical Progress.*—*An Oration, delivered by A. N. BELL, M.D., on the 47th Anniversary of the Medical Society, of the County of Kings, Brooklyn, April 27, 1870.*

Recognizing the importance of professional reputation as a society, no less than as individuals, we appear on this our 47th Anniversary with increased numbers and strength, to declare again our continued allegiance to a lineage as old as the civilization of mankind, and to vindicate the honor of our profession by a logical sketch of its progress.

It is the office of logic, in relation to science, to designate, systematise and justify data. Ignoring all hypotheses, logic accepts facts alone, evolves no theories, and accepts no dicta. The facts with which logic deals, however, are of two kinds, *mediate* and *immediate*—those which are derived from direct palpable cognizance of objects, and those that are demonstrable by means of and through obvious knowledge, and verifiable, for knowledge is only such in virtue of verification. Information may be gained by accident, by research, or through systematic laws, but the gaining of information is only the beginning of knowledge; the record is made by verification; and that which cannot be verified has no basis to stand upon.

Facts in medicine, as in everything else, mediately possess the  
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essential qualities of inference by which asserted discoveries are or are not reducible to knowledge. The logical question, therefore, in regard to all mere assertions, propositions, or judgments, is not whether the assertor, proposer, or judge is worthy of credence, but, *whether in virtue of certain verifiable facts and laws*, the new assertions, propositions, or judgments are true or false.

My purpose is, for the time, to measure medicine by this standard, and, as far as practicable, without breaking the chain of my thesis, to exorcise fallacies and hypotheses by the logic of facts.

Originally the Medical Art was exclusively confined to the priesthood, an hereditary caste of society among ancient nations, that embodied and monopolised all philosophy, in its broadest sense, comprehending the sum total of human knowledge.

By the researches of Oriental scholars\*, in recent times, it appears that Greco-Egyptian Medicine was derived from the Hindus; that in the early ages the Hindu philosophers had numerous disciples, from Egypt and Greece, among whom they claim Plato and Pythagoras. The most ancient records of Greece are found to accord with recent researches of the East; and when the Greeks attained such a degree of enlightenment as to appreciate the arts, they sought them in the East. Medicine among the rest was transplanted, and in succeeding ages it was cultivated by a succession of men of genius, working in a field of nature under more favorable circumstances for accumulating knowledge than had previously obtained. Inquiry became the ruling spirit, and a sagacious priesthood was equal to the emergency. In Hippocrates, they stamped it with a genius by which the borrower became the owner,—the accredited originator. The oral traditions and incoherent records of diseases and remedies that hitherto had been locked up among the secrets of the priesthood, Hippocrates systematised and arranged into a text book of medicine for the schoolmen of many subsequent centuries. But in so far as the practice of medicine consists more in material things than in words, in like manner does the discoverer of remedial means deserve more honor than he who publishes the facts or reasons upon them.

Mankind had long been sensible of the importance of the knowl-

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\* Sir Wm Jones, M. Houdart, Thos. A. Wise, M. D. et al.

edge of remedies to assuage pain; and the discovery of means for the prevention and cure of disease was deemed to be too important a matter not to be recorded. Information of this kind was preserved, and modified or extended according to the accumulated experience of the most enlightened portion of the community—the priesthood. Hippocrates recognized the fundamental truth, that in medicine the basis of all our knowledge is the accurate observation of actual phenomena, and the correct generalization of these phenomena the sole foundation of sound reasoning. The ancient route, of which he speaks, is the route of observation and experience; and in submitting this, he made full acknowledgment of the advantage he had derived from his predecessors.

From the time of Hippocrates, there was no material progress until the establishment of the School of Alexandria, two centuries later. Aristotle had demonstrated that the heart of animals was the source of the blood vessels, but as the bans of religious reprobation obtained against the touching of the human dead body, this important fact had not been utilised. Theophrastus, a pupil of Aristotle, followed the example of his master in the study of natural history, by arranging and systematising plants.

Comparative Anatomy and Botany thus became auxiliaries of medicine, even before they had worked out their own names. The School of Alexandria eclipsed from the first the Æsculapian temples of Greece, and Alexandria speedily became the resort of all who aspired to a knowledge of medicine. Early in the progress of the Alexandrian School, first became apparent the benefit of integration. The advanced knowledge of the natural history of animals and plants, as exclusively cultivated by Aristotle and his pupils, was, indeed, something more than a suggestive basis for the integration of medicine; it was a practical illustration of the benefit to be derived from a more enlarged field of inquiry, by which these studies were not only recognised as natural preludes to surgery and pharmacy as parts of the Medical Art, but essential to it.

The success of this Greco-Egyptian Institution, was mainly due to the collection of animals and plants, and to the authorization of dissection. But scarcely had two centuries elapsed ere Roman domination checked its progress, and by prohibiting dissection, ultimately gave it a retrograde movement. The legacy of Hippocrates

became the bone of contention for innumerable sects, each claiming to be his true disciples. Men who held or taught pretended principles, acknowledged authority only unto themselves; all else was error.

Pliny, the naturalist, among the rest, derided medicine, while by his researches in natural history he added to its resources. And Dioscorides, although a dogmatic sectator, made substantial additions by a treatise on *Materia Medica*.

Celsus, in his work "*On Medicine*," evinced considerable progress, and the more remarkable, since it does not appear that he was ever a practitioner of the art, on which he was unquestionably the most accomplished of ancient authors. Indeed, Celsus' work is the only one which gives information on the state of surgery from Hippocrates to his own time; and by it we learn that many of what are now termed capital operations in surgery seem to have been understood and frequently practiced during that early period.

Previous to and at the time Celsus wrote, medicine in Rome was on a grade with the lowest occupations of a servile populace, which would seem to account for the circumstances that one so accomplished as he was, never engaged in its practice. His knowledge was wholly of foreign origin, notwithstanding he wrote at Rome, and he seems to have regarded the wrangling sects of his native countrymen who called themselves physicians, as beneath his notice. The riot of ignorance continued to rage for a little more than a century later, when it was attacked by the immortal Galen. Unlike Hippocrates in being surrounded by an appreciative fraternity of learned men, he stood alone as it were, in the midst of pretenders and revilers, whose every effort tended to debase the art which he loved. Possessing superior advantages of birth and education, he used them with energy. He laid out and accomplished for himself a broader scope and higher degree of scholarship in all the learning of the period, than any one that had preceded him. He studied philosophy and the arts in the schools of highest repute, while he scrupulously kept aloof from contending factions. His knowledge of medicine he principally acquired at Alexandria, after which he traveled through various countries for the express purpose of gaining information. Finally secure in his acquirements and confident of his power, he devoted himself scarcely less to the exposition of

imposters than to his profession. And so far was he in advance of his contemporaries, that the futility of their reasoning served but to display his superiority. The result was, that on all subjects connected with medicine, he acquired a hold on the public mind that has never been equalled by any other physician. Praxagoras had previously distinguished the arteries from the veins, but the arteries he considered air vessels. Aristotle and Erisistratus adopted and taught this view. Galen refuted it, by showing that the arteries being wounded always gushed blood. And he turned this knowledge to good effect, by tying them for the purpose of stopping hemorrhage. He also showed progress by his accurate knowledge of the human skeleton, and the organs of motion. He demonstrated the muscular filaments, and the ramification of the blood vessels and nerves between them. He traced the nerves of the brain and spinal marrow, and, by experiments on animals, he distinguished the nerves of sensation and motion. He enumerated and classified the nerves into pairs and groups, and discovered several of the ganglia. He recognised the natural divisions of the human body into cavities, and was familiar with the locality and appearances of the chief organs; indeed, his knowledge of particular structures was general, and, in the main, so correct as to constitute the basis of all subsequent anatomical classification. Galen's chief means of acquiring this knowledge, appears to have been the vivisection and dissection of animals; for, while he is authority for human dissection having previously been practised by others, we have no evidences that he ever practised it himself. But we have evidence that in the latter part of the second century of the Christian era, shortly before the downfall of the Alexandrian School, and about the time of Galen's attendance there, Herophilis and Erisistratus not only dissected the human body, but that they also vivisected condemned criminals.\* Galen also contributed to improve therapeutics, by pointing out the two-fold (primary and consecutive) effects of many medicines; and diagnosis, by defining the shades of difference in the pulse. And to Galen's works, especially, are we indebted for the preservation of the Medical Art for many subsequent centuries. In the final complete destruction of Alexandria, by the

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\* History of Medicine, from its origin to the 19th century, translated from the French by C. G. Comegys, M.D., Professor, etc., Philadelphia, 1867. Renouard, p. 179.



Arabians, in the seventh century, "some books escaped from the general wreck of literature and science; and there were not wanting some individuals capable of estimating their value. Among these relics were the writings of Galen; and, at an early period of the Saracenic Empire, these books began to be held in very high estimation. They were translated into Arabic; were commented upon in various ways, and soon acquired a degree of celebrity, scarcely short of what they had previously enjoyed among the Greeks themselves.\*"

The first reproduction of Galen's writings, by the Arabians, was by Rhazes, about the end of the 9th century. The only progress indicated by him, is the free employment of what were called chemical remedies, and his description of small pox and measles. For his knowledge of small pox, however, he refers to an Alexandrian physician, named Ahrun, who had described it nearly three centuries before.

Avicenna, two centuries later, gained a reputation, by his medical writings, for great profundity of learning, while his highest ambition seems to have been a thorough knowledge of the works of Galen, which he believed to contain the sum of medical wisdom. He made a large collection of material from all quarters, almost regardless of its value. And it is particularly notable that, in his chapter on leeches, he acknowledges Indian authority; and his description is word for word that of Susruta, who wrote a thousand years before the Christian era.† Indeed, all of the accredited improvements made by the Arabians seem to have been derived from the same source. They were gatherers and conservators, but not originators. And by the intervention of the crusades between the Asiatics and Europeans, the Arabians only gave back in a new dress, that which they had derived, in the first place, from the relics of Alexandria, and that which they obtained from India.

The first Christian prince who concerned himself with medicine, was Roger, the founder of the kingdom of Sicily, A.D., 1140. He proclaimed an ordinance, requiring every person who purposed to devote himself to medicine, to obtain authority from a magistrate,

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\* *Cyclopædia of Practical Medicine*, vol. 3, p. 200.

† Boyle, *Asiatic Journal*, vols. 3, 4 and 5.

† *Review of the History of Medicine*, by Thos. A. Wise, M.D., 2 vols., London, 1867.

under pain of confiscation and imprisonment. From this time many other princes followed his example, in establishing regulations and restraints, which, in the end, led to medical organizations, and the institution of faculties and universities. In the thirteenth century, Frederick II., grandson of Roger, issued an edict, in virtue of which no one could practice medicine in the kingdom of Naples who had not been examined and created a master in the School of Salerno. To effect this, candidates were required to be of legitimate birth, to be twenty-five years of age, to have studied logic three years, medicine,—including surgery—five years, and to undergo public examination on the therapeutics of Galen and the aphorisms of Hippocrates; which, being satisfactory, an oath was administered for faithful conduct,—to submit to the rules regulating practice, not to share the profits of the apothecary, and to gratuitously attend the poor.

The School of Salerno flourished from the eighth to the thirteenth centuries, and is said to have been founded about the middle of the seventh century, by some of the professors who escaped from Alexandria when it was overrun by the Saracens.

In the time of Charlemagne, the cathedrals of France, generally, possessed schools, where writing, reading, arithmetic, singing, theology, and sometimes, medicine, were taught; and before the portals medical advice was given to the poor. From mere medical advice, in the first place, sprang the practice of dressing wounds, and simple surgical operations. On account of this, about the middle of the twelfth century, the Pope declared the practice of surgery incompatible with the priestly office, and forbade every bloody operation, on pain of excommunication; but in order to still maintain jurisdiction over learning, medicine was made a branch of university education, and it was thus that during the thirteenth century most of the great universities of Europe were created. Practical medicine still remained in the hands of the priests, the only men who, at that time, could maintain pretention to learning, while surgery was abandoned to the ignorant and irreligious barbers, bathers and bonesetters, who were looked upon with such contempt as to be excluded by birth from apprenticeship to an artisan.

Early in the fourteenth century, the School of Salerno was excelled by that of Bologna, by the revival of the dissection of the human body. In A.D. 1315, Mondini, a professor in the School of

Bologna, dissected the bodies of two women, and shortly after wrote an account of it, illustrated with drawings from nature. To him, therefore, belongs the credit of being the first to add pictorial illustration to anatomical description. His dissection, however, was scarcely less crude than that practiced by the ancient Hindus. "Beneath the veins of the forearm," he remarks, "we see many muscles, and many large and strong cords, of which it is not necessary to attend in the anatomy of such a corpse (a recent one), but on one dried in the sun for three years, as I have shown otherwise in developing the number and the anatomy of those of the superior and inferior extremities. He takes an opposite and unnatural course to discover the nerves, advising maceration in running water.\*" For more than a century later, no one dared to follow the example of Mondini, in applying the dissecting knife to the human body. Mondini's conscience seems to have smote him for his first attempt, since he did not venture to open the skull, for fear of committing mortal sin. And his scruples were more than confirmed by the bull of Pope Boniface, forbidding evisceration and anatomical cooking, a practice which Halpinx states was only intended to prohibit the custom of the Crusaders of cutting up and boiling the bodies of their relatives deceased in infidel countries, so as to send them to their burial places in holy ground! It is certain, however, that the same bull was interpreted as prohibiting the dissection of the human body, for, in 1482, the University of Tübingen had recourse to the authority of Pope Sixtus IV., to obtain permission for dissection.†

During the middle ages, charitable institutions, hospitals and medical schools were extensively multiplied; and popes, princes and priests gave examples of devotion to the religious sentiment of the age, by personally attending the diseased and wounded. During the general prevalence of plague and other epidemics, public baths were instituted in many cities, and this measure alone, probably, did more to appease the ravages of plague than all other means combined. War, famine and disease concurred to test the zeal of devotees, to a degree unequalled at any other time. "During the period of universal distress, the monasteries of Constantinople had

\* Renouard.—First practiced by the Hindus.—WIEZ.

† Hist. de l'Anatomie, lib. v., part iv.—Renouard, p. 204.

been, for some time, the refuge of the learned men who had been driven from Italy, by the perpetual wars in which that country had been engaged. They had taken with them what they had considered their most precious treasures,—the manuscripts of the ancient classical writers—probably regarding them more as objects of curiosity than of real importance. These manuscripts had now been buried for a long time in their libraries, their existence being unknown to the rest of the world. When the Monks were expelled from their retreats by the Turks, and flying into Italy, they carried back with them their manuscripts. A spirit of improvement had already begun to manifest itself in Italy, which was considerably incited by their guests, who, in their turn, by their change of situation, and by the new society into which they were introduced, became more aware of the value of their literary treasures; while their own acquirements, limited as they were, gave them a degree of respect with their new associates, which tended to inspire them with a desire of further improvement.\* ” It was thus that, A.D. 1483, Mahomet II., having undertaken to destroy all the treasures of Greek learning, was instrumental in preserving them. The art of printing had been invented but a few years before, and the Western world was thus supplied with an amount of the most valuable material. The taste for Greek literature, which had already begun in Italy, was cultivated with such ardor that the Arabic was speedily displaced. The monuments of Greek and Latin learning were collected and published, and the pathway of science paved with imperishable lore. In addition to this, the art of printing supplied the means of circulating monographs of particular diseases and cases, with the reports of hospitals and other institutions for the care of the sick. These early publications on medical subjects, although intrinsically of little worth, served to reestablish a habit of observation, and to direct attention to facts as the foundation of true medical philosophy.

At the beginning of the fourteenth century, Pitard founded a College of Surgeons, in Paris, out of the Brotherhood of St. Cone, a society of barbers, which occupied a sort of middle ground, above the barber surgeons, and below the physicians, and in communion

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\* Ackermann, ch. xxxii. Cabanis,—*Cyclopaedia of Practical Medicine*, vol. iii., p. 206.

with both. In the course of a century, this institution had so prospered, that it was admitted to a union with the university, and from that moment, says Malgaigne, a new state of things commenced. The medical schools of Padua, Pavia, Milan, Rome, Naples and other cities, all acquired celebrity; yet they confined their curriculum almost exclusively to the works of Galen. In the latter part of the fifteenth century, Thomas Linacre, of Canterbury, who is said to have been the first of his nation who learned to speak purely the language of the Romans, perfected his studies in Italy, and was, soon after, made physician in ordinary to Henry VII. and Princess Mary. Through his learning and translations of the works of Hippocrates and Galen, two chairs were founded at Oxford and Cambridge, the incumbents of which had to explain the writings of these ancient worthies. Linacre was also the chief instrument in founding the College of London. At that time, the bishops alone had the right of bestowment of medicine in their dioceses; whence it was that the practice of medicine continued in the hands of monks and illiterate empirics. Linacre had need of all his learning and position at court, to do away with these prerogatives of the bishops; but his perseverance and enlightened zeal were equal to the task. He obtained the issue of letters patent, prohibiting the practise of medicine by any one who had not received his degree in one of the two universities in the kingdom, and who had not been examined by the president of the college at London, assisted by three physicians, delegated expressly for that purpose. Chiefly through the efforts of Linacre, celibacy ceased to be obligatory on medical men, and ecclesiastical benefices were no longer sought as desirable for a physician.\*

In 1536, Ambrose Parè, a barber surgeon, of Paris, made his first campaign as surgeon to Marshall de Monte. Freed from the yoke of authority, which had for centuries environed medicine with superstitious blindness, he determined to observe for himself, and to accept the suggestions of experience, based upon accurate observation, as paramount to the doctrines of the ancients. Galen's method of tying the vessels for the purpose of stopping hemorrhage, which had long since fallen into disuse, Parè restored; and he was,

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\* Friend.

probably, the first to employ the ligature after amputations, instead of the actual cautery.

Hitherto, gunshot wounds were thought to be poisonous, and were treated by the application of boiling oil, hot pitch, or red hot iron. Among Paré's first observations, was, that wounds which had escaped these severe applications were the better for it, and from that time he discarded them. Notwithstanding, barber surgery continued to prevail in its most contemptible aspects.

In 1542, the barber surgeons of London were, by act of parliament, raised to a dignity similar to that of the College of St. Cone, of Paris, under the name of "Company of Barbers and Surgeons." The same act directed that the masters, or governors, of the said company, should have at their free liberty and pleasure "the bodies of four felons to experiment upon.\*" It is uncertain whether dissection was forthwith proceeded with in England; but, in 1566, anatomical demonstrations were made at stated periods, in a public hall set apart for that purpose; and there was also a readership of anatomy held by physicians appointed by Royal authority.

Early in the sixteenth century, the popes, who still stood at the head of scientific movements, withdrew their interdictions of anatomy, and the universities of Italy gave the first examples of dissection. Achilgini, Benedetti, and perhaps also, Jacques Berrenger, dissected at Bologna and Padua, previous to A.D. 1500. But there was no substantial progress until about the middle of the sixteenth century. Vesalius was the first after Paré, who dared to subordinate Galen, and show his errors, on the ground that the greater part of Galen's dissections having been of monkeys and other animals, did not represent the human structure. This made him many enemies, but also some friends and followers. Dissection, which had at the first been pursued privately, was now practiced openly, in amphitheatres erected for the purpose. Anatomical chairs were created, and paid out of the public treasury, and permission given to use the dead bodies of criminals not only, but others. Human intelligence, long buried in a lethargic sleep, gradually roused up, and signified its rising by discoveries of the highest importance. Learning emerged from the cloisters, and once

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\* *Chellus Surgery*, vol. 1., p. 19, Philadelphia, 1847.

more showed itself abroad as in the days of Pythagoras, but with means of improvement far more numerous and efficient. Greek and Latin literature was exhumed from the dust of the convents, and studied with avidity. Soon these monuments of ancient learning were found to be insufficient to satisfy inquiry. Criticism, more and more severe, revealed numerous defects, and finally stripped these still venerated relics of their sacred character, and assigned them a place from which they might henceforth be improved upon, and perfected in proportion to the advancement of human intelligence. The scalpel took the place of the razor, and the foundation of rational medicine was laid in anatomy. Plates made muscular fibre distinguishable from nerve expansion; lymphatic vessels appreciable; the muscular structures of the heart apparent; and the circulation of the blood became a desideratum. The pulmonary circulation was almost discovered in 1550, by Servetus. He denied that any blood passed through the septum, as then taught by others, and asserted that it all passed through the lungs, by the pulmonary artery, and returned by the pulmonary veins. Andrew Cesalpine had discovered and taught, that "the openings in the heart are disposed in such a manner, that the passage is free from the vena cava into the right ventricle, and from that cavity into the lung; a communication from the lung to the left ventricle, and from this last, into the aorta. Membranes are placed at the orifices of the various conduits in such a way, that a retrograde flux of the liquid column is impossible.\*" Aided by Aquapendente, he demonstrated the course of the blood through the lungs, and added that the last or most minute ramifications communicated with the veins; that the blood passed from the arteries into the veins during sleep, which he inferred from the swelling of the veins, and the diminution of the pulse at that time. The valves of the veins were also known; and it had been ascertained that the ligation of an artery stopped the pulse below, and that a ligated vein shrunk above the ligature. Among the most diligent students of anatomy, of the time, was William Harvey. Returning to London, from Padua, where he had studied the requisite five years for his degree, he entered upon professional life, while he continued to prosecute the study of anatomy, making, in conjunction with his dissections, a large number of

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\* Renouard, p. 297.

vivisections. Possessed of all the facts that had previously been made known, and endowed with a spirit of inquiry and perseverance, equal to the importance of his pursuit, every step of his progress was a crucial experiment. Thoroughly imbued with the idea that certain truth could only be known by the regular and constant succession of one phenomenon to another, he was content to labor many years for its accomplishment. Gradually the object he sought revealed itself to him, and took form. Fortified alike with a knowledge of the falacies, as well as the facts of all who had preceded him in the same field of research, he hesitated not to declare the whole truth, and to defend it against all opposition. The whole process of Harvey's researches was in accordance with the principle of "induction upon data carefully collected and considered." The motion of the blood, and its existence in the arteries and veins, had been long known; but the important fact that it made a continuous transit from the arteries into the veins without interruption, was reserved for Harvey. Yet he never *saw* this. He knew not *how* the blood got from the arteries into the veins. But the fact he was sure of, by induction, as a necessary consequence of mediate data he had carefully collected and considered. Harvey lived to see his discovery universally accepted, though it was not fully demonstrated until three years after his death, by Malpighi, who, in 1661, demonstrated, for the first time, by aid of the microscope, the progression of the blood through the capillaries.

Until about the time of Harvey, it had been the practice for many centuries, to place at the head of all philosophical treatises certain axioms improperly named "principles," as an index of the writer's purpose. And the axiom of Aristotle, "*Nihil est in intellectu quod non prius fuerit in sensu,*" had been received as the quintessence of scholastic philosophy. But at the beginning of the seventeenth century, scientific progress had so far comprehended scholastic philosophy as to shake to the surface all that was of value; and we find medical philosophers practicing the reverse of Aristotle's dogma. To seize upon, and combine this new process of improvement into a system, was the work of Francis Bacon; but, that "particular ideas are the basis of the pyramid, and axioms the summit; to study and apply what is known to the discovery of new truths



by induction, by which our senses are guarded against error ;” \* that these ideas were actuating principles long before they were enunciated by the great philosopher, admits of no question. And it has been truly remarked, that had Bacon been wanting an example to illustrate the truth of his doctrine, it would not be easy to adduce a more striking example of the way in which ultimate rational truth is arrived at, by a succession of inferences, than is contained in Harvey’s Essay on the Heart and Blood.†

The spirit of Harvey was contagious. The process by which he had arrived at such an important truth opened up new fields of research. The discovery of the circulation of the blood was, after dissection, in a great measure due to the vivisection of animals, the only means, other than experiments on the human body, by which such knowledge is attainable. There was, at that time, a sentimental criticism of Harvey’s experiments, such as has frequently manifested itself from various quarters since. To intelligent minds, generally, the importance of Harvey’s discovery and its congeries, are an all-sufficient reason. But, unfortunately, for the good of scientific inquiry, there always exists a respectable number of persons who, incapable of appreciating the motives of profound inquiries for the good of mankind, arrogate to themselves the sum of humanity. They cannot be made to see that every step taken in the science of man’s life, is an important part of the progress that adds to the sum of human happiness for both the present and the future.

Shortly after the time of Harvey’s discovery, Asellius, of Milan, while examining the abdominal viscera of a dog that had been killed soon after eating, discovered the process of nutrition,—the *lacteal* circulation. His discovery, like Harvey’s, had been preceded by certain intimations, as it were, by Fallopius and Eustachius, half a century before ; but neither of them comprehended anything of the use, or the relation of the lacteal vessels to the sanguiferous system. Asellius regarded the lacteals as having a distinct function, and traced them to their origin in the mucous surface of the intestines ; but their termination in the thoracic duct, was not discovered until thirty years later, by Pocquet. The lymphatic and absorbent systems were discovered in a similar manner, by other observers.

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\* Nov. Organ : lib. 1, ch. 1.

† Works of Harvey, by Robert Willis, M D. Introduction.

These discoveries led to the use of high magnifying powers in anatomical researches, the pioneers being Malpighi and Leeuwenhoek. By this means they were the first to demonstrate the movements of the blood discs in the capillaries. By the same means, De Graaf, Mayo, and others, made important progress in the knowledge of respiration, generation and gestation; and Vieussens, Willis, Pinel, Kepler, and others, improved our knowledge of the nervous system. Meanwhile, there were "Mechanical," "Chemical," "Metaphysical," and other sects, and numerous individuals, as at the present day, who professed to possess certain cures for all the diseases that flesh is heir to, without any rational knowledge of the human organism, or of the remedies which they used. Joubert, a sprightly writer of the time, after having shown the presumption of so many persons assuming to act as physicians, without the requisite knowledge, narrates the following adventure:—"It is said that the duke of Ferrara, Alphonso d'Este, at one time proposed, in a familiar way, the question,—'In what calling are most men engaged?' One said, 'Shoemakers;' another, 'tailors;' a third, 'carpenters, masons, pettifoggers and laborers.' Gonelle, his famous buffoon, said there were more 'physicians' than any other class of men, and made a bet with the duke, who denied it, that he would prove it in twenty-four hours. The next morning, Gonelle left his lodging, wearing a great night cap, and a cravat tied round his chin; then a hat over all, and his mantle drawn up over his shoulders. In this attire, he took a route through a populous street leading to the palace of his master. The first person he met asked him what was the matter? He replied that he had a raging toothache. "Ha, my friend," said the stranger, "I know the best remedy in the world against it," and told it to him. Gonelle inscribed his name on his tablet, pretending that he was writing down his recipe. A step further on, he found two or three together, who all asked the same question, and each one gave him a remedy. He inscribed their names, as the first. And thus he pursued his course, very gingerly, to the end of the street, not meeting a single person who did not offer him a recipe, and different from the rest, each one assuring him that his remedy was established, certain and nearly infallible. He wrote down the names of all. Approaching the lower court of the palace, he found himself surrounded with

gentlemen (for they all knew him), who, after having learned his affliction, compelled him to take their recipes also, which each one assured him was the best in the world. He thanked them all, and wrote down their names. When he entered the chamber of the duke, his excellency cried out, "Eh! what is the matter, Gonelle?" He replied, very piteously and complainingly, "The toothache, the worst that ever was." To which his excellency replied,—“Ha! Gonelle, I know a thing which will drive off the pain at once, without touching the tooth. Mr. Antonio Musa Brussavolo has never employed a better one. Do so and so, and immediately you will be healed.” Gonelle suddenly threw off his head dress, and his other attire, crying out, “And you, also, my lord, are a physician!” Look at my list, and see how many others I have found, between my lodging and your palace. Here are nearly two hundred, and I have not passed through one street. I will engage to find ten thousand in the city, if I go everywhere. Find me as many persons in any other business.”\*

*(To be continued in our next.)*

### AURAL CATARRH, or OTITIS MEDIA.

Every physician is aware of the great frequency of catarrhal affections of the nasal and pharyngeal mucous membrane in our northern climate; and those who have given this subject thought, must have noticed how often patients suffering from these troubles are subject to ear ache, noises in the head, and hardness of hearing, on every slight exacerbation of their disease, caused by change of weather or imprudent exposure; yet there are many who are unacquainted with the true pathology of these troubles of the ear, and do not know that there is any good method for their relief at the hand of the general practitioner. The mucous membrane of the Eustachian tube and cavity of the tympanum (or middle ear) is but a continuation of that of the pharynx, therefore it is not strange that an inflammation of the latter should often extend to the former; and it is the aim of this article to show that when the

\* *Erreurs populaires* par Laurent Joubert, 1587.

disease is thus extended, or even when the aural mucous membrane is inflamed *per se*, it can be as successfully treated by practitioners unacquainted with the special therapeutics of diseases of the ear, as can inflammations of the mucous membrane in other parts of the system.

Aural catarrh is usually considered of two forms, simple or mucous, and purulent; these may each be subdivided into acute and chronic varieties.

Acute mucous catarrh of the ear occurs more frequently during the changeable weather of spring and autumn, and can usually be traced to some definite cause, frequently a severe "cold;" sometimes the extension of a syphilitic eruption from the mucous membrane of the pharynx, which may occur at any time during the course of the chronic variety of this form of the disease. Usually only one ear is affected to any great extent. The hearing is much impaired; tinnitus aurium is complained of, and there is often severe pain at the commencement of the attack, continuing for several days, with marked exacerbations at nights, causing so much irritation and loss of sleep that the patient runs down rapidly. The pain is not increased by pulling upon the auricle, or by pressure in front of the ear, but may be enhanced by swallowing, or by any sudden movement of the head. In severe cases the mastoid process is sensitive to the touch; the molars are painful; pain extends to the frontal sinus, and sometimes over the whole side of the head; then vertigo is frequent, febrile symptoms more or less prominent, sometimes amounting to delirium, and the patient's countenance usually bears an expression of anxiety. The external auditory canal is scarcely changed; the membrana tympani is of a brilliant red, but does not appear infiltrated and thickened, as when that membrane is the starting point of an inflammation.

In the chronic variety of the mucous form, the symptoms are not so prominent; the disease is known more by its consequence, and it is usually impossible for the patient to state at what time his troubles commenced. The impairment of hearing is gradual; there is no pain, and tinnitus is not always present. Such cases do not often come under the eye of the physician till the disease is far advanced, and the hearing much impaired; then, on examination, we almost invariably find symptoms of naso-pharyngeal

catarrh. The rhinoscope shows the mucous membrane of the pharyngeal space and orifices of the Eustachian tubes in a state of chronic inflammation. More or less, pathological changes are found in the membrana tympani, such as thickening, opacity, abnormal concavity, and sometimes fatty degeneration, similar to the arcus senilis of the cornea. Writers speak of this variety of the disease being sometimes confined to the Eustachian tube (tubal catarrh), and again to the tympanic cavity, but such a differential diagnosis is hard to make; still we may conclude that when the patient complains of sudden changes occurring in the power of hearing, the affection is more in the tube than in the tympanum, and *vice versa* when a certain amount of deafness is continuous. Very many patients, supposed to be suffering from nervous deafness, are found on examination to have pharyngeal catarrh, and changes in the membrana tympani point strongly to inflammatory troubles of the tympanic cavity; while a watch, or vibrating tuning fork, placed upon the vertex is easily heard, the sounds being conducted to the labyrinth through the cranial bones, thus proving that the function of the auditory nerve is not destroyed. But cases are not always so insidious; their symptoms vary in intensity, and are sometimes sufficiently clear to form a separate or subacute variety.

Acute purulent aural catarrh is more frequent in childhood than in adult age; it occurs as a concomitant and sequel of the different exanthemata; also with small pox, typhus fever, and tuberculosis, and sometimes as an exacerbation of the chronic variety. The symptoms are similar to those of acute mucous catarrh, only more severe; and the general health of the patient is more disturbed. Fever, vertigo, nausea, delirium, and even stupor are not unfrequently present; and when occurring in the course of febrile diseases are too often referred to the general condition, while the local difficulty is wholly overlooked, till irreparable damage has been done. When we take into account these peculiar and severe symptoms, it is not surprising that acute otitis media is often confounded with meningitis and abscess of the brain, and in the more severe cases, unless relief is speedily afforded, these latter diseases may supervene, and the patient is said to die from the original fever having "gone to the head," and the intermediate tympanic inflam-

mation, and the relief which might at that time have been afforded is entirely ignored. The common result of this purulent inflammation, and to the casual observer the first intimation of the real nature of the disease, is perforation of the membrana tympani, when a discharge of puss takes place, and all the symptoms—with the exception of the deafness—are greatly alleviated. The objective appearances of the external ear are different from acute mucous cases; the membrana tympani—before perforation, is more convex, more swollen and infiltrated; extravasations of blood are not unfrequent upon it, and the inflammation sometimes extends to the external canal, causing a concomitant purulent otitis externa.

As a proof of the frequency of this trouble in infancy, reference may be given to recent *post mortem* examinations made by Dr. Wreden, of St. Petersburg, on eighty infants, varying in age from a few hours to fourteen months. Out of these one hundred and sixty ears examined, all but fourteen had undergone marked pathological change; and forty-five per cent of the whole number of children were affected with purulent inflammation of the middle ear, yet the membrana tympani was found perforated only once, which shows, dependent as we are entirely on objective symptoms with patients of such tender age, how great the difficulty is in reaching an exact diagnosis; yet were it possible to always judge correctly on this point, how many a child might be kept from asylums for the education of deaf mutes.

Chronic purulent aural catarrh is more frequent than the acute variety; it may occur without any previous acute inflammation, but more frequently is an extension from inflammation of the membrana tympani, or an otitis externa, or it is a sequel of the acute variety last described. Suppurative inflammation of the middle ear cannot be long continued without the destruction of a greater or less portion of the membrana tympani; consequently a purulent discharge from the external meatus is always present during the course of this variety of the disease; this discharge, and the impairment of hearing, are the only constant symptoms. The opening through the drum, if small, cannot always be seen, but after thoroughly cleansing the external canal, if we examine the membrane while air is forced into the tympanic cavity through the Eustachian tube, some of the purulent secretion

will be seen oozing through the perforation, and a whistling noise will be heard. If a large portion of the membrane be destroyed, some parts of the tympanic cavity may be seen by using a strong light, reflected from a concave mirror of about six inches focal distance.

The prognosis in cases of aural catarrh depends much upon the amount of pathological change that has taken place in the parts. In acute mucous cases it may be said to be favorable, with this exception, that there often remains a strong predisposition to a relapse, which may finally end in the continuous chronic variety; more especially is this true in our Northern and Eastern States, where the changeable climate acts as a strong exciting cause in those cases subject to the above predisposition.

The chronic mucous variety may also be looked upon favorably when seen at an early date; and even where the inflammation has been long continued there are very many cases in which, by appropriate treatment, the inflammatory process may be stopped, and the hearing more or less benefited. In both of the above varieties there is a tendency to thickening of the mucous membrane, and synechial adhesions between the different parts of the tympanum, as between the different bones of the ossicula, between each of these and the tympanic walls, between the membrana tympani and the promontory, and a pseudo anchylosis between the stapes and the membrane of the fenestra ovalis; it will readily be perceived that such adhesions would prove a source of irritation, as well here as when occurring in the pleura, pericardium, or on the iris; and as they would also limit the vibrations of the membranes and ossicula, must interfere materially with the conduction of sounds to the labyrinth. Fortunately in some cases these adhesions are not so strong but what they may be broken up or loosened by the use of the air bath. The thickening of this mucous membrane of the Eustachian tube may cause its closure, the air in the tympanum then becoming rarefied by absorption, the membrana tympani concave by atmospheric pressure from without, the normal functions of the ear would thus be interfered with, unless the closed tube can again be opened to the passage of air. If the Eustachian tubes are easily permeable to air, which may be ascertained by Politus method—soon to be described—or by the Valaavan experiment of making a

strong expiration, with the mouth and nostrils shut, the chances of successful treatment are better than when those tubes seem closed.

The prospect of a favorable termination in the purulent form of the disease is not as good as in the mucous, but in the majority of acute cases it would be much better, if physicians would pay the least attention to the ear in those febrile disorders that usually give rise to this variety; if properly and quickly treated, the greater number of such cases will recover, without any noticeable impairment of the hearing.

But in the chronic variety, where the patient has been afflicted for a long time with a purulent otorrhœa, we can never be sure how much benefit we may be able to give, for we cannot tell precisely the extent of injury; and our opinion must be held in abeyance till the result of treatment is ascertained. Every inflammation of the mucous membrane of the middle ear is also a periostitis, for the aural mucous membrane cannot be separated or distinguished from the periostium. The cavity of the middle ear is separated from the meninges of the cerebrum above, and from the internal jugular vein below, by plates of bone, so thin that in many skulls they are translucent; its direct communication with the internal ear and auditory nerve is cut off only by the delicate membranes of the fenestra rotunda and ovalis; nor are the internal carotid artery and facial nerve much better protected; is it then surprising that a long-continued inflammation of the tympanum, producing as it sometimes does caries of the long walls of that cavity, should occasionally be followed by meningitis, cerebral abscess, phlebitis, pyæmia, fatal hemorrhage, and facial paralysis; any one or several of these may be the sequel of a case of otorrhœa, and many such cases have been reported within the last five years, yet how often do intelligent physicians reply to an anxious parent's enquiries in regard such a discharge, "let it alone, he will outgrow it." Would any surgeon give such advice in a case of suppuration from caries of the parietal bone or the tibia? Yet the latter might with much more safety be let alone. Fortunately, we find by applying the test of treatment to these chronic cases that the most of them may be benefited, in very many, the inflammation and discharge cured, and a useful amount of hearing be preserved.



In the treatment of aural catarrh, I propose to dwell only on those methods that may be used by the general practitioner, without his possessing that skill and experience necessary to the specialist; and it is but recently that such medication has been possible. In all the different varieties of this disease, the inflation of the tympanic cavity with air through the Eustachian tubes, or air bath as it is called, has long been considered a necessity, but as the only thorough method of doing this was by use of the Eustachian catheter; and as the majority of physicians are unacquainted with the use of that instrument, such cases were not often benefited, unless they fell into the hands of some well-informed aurist. But Politzer, of Vienna, in 1863, gave a great boon to humanity by the suggestion of a method of accomplishing this inflation, so simple that even children may be taught its use. It had been proved by experiment previous to that time, that during the act of deglutition the Eustachian tube was drawn open by the action of the tensor palati muscle; taking advantage of this fact, all that was necessary to inflate the tympanum was to force air into the nasal cavity at the same instant that the patient swallowed, with the mouth and nostrils closed; the Eustachian tubes being open, and the air having no other chance of egress, would naturally pass through and fill the tympanic cavities; and that it does so is known by the patient experiencing a sensation of fullness in the ears. Some improvements have been made on the instrument first used by Politzer. The one now most frequently used is a rubber bag, connected by a tube with a glass nozzle, made to fit the nostril, and large enough to contain a sponge, on which tincture of iodine, or other volatile medicines may be placed, and their vapors carried into the ears with the air.

In the acute mucous variety the air bath should be used as soon as possible, that the Eustachian tube may be opened, and exit given to a part at least of the secretions that are distending the tympanum. The frequency of its use should depend upon the severity of the symptoms. I have used it from one to three times a day. Local blood letting, frequently filling the ear with warm water, and diaphoretics, are of great benefit in easing the pain and subduing the inflammation; and the hypodermic injection of  $\frac{1}{4}$  grain of morphia, with  $\frac{1}{10}$  grain of sulphate of atropia, I have found to be of much

benefit in the severe cases. The following case is a good example of this variety, and in it, as well as others that I shall cite, no treatment was used requiring special skill.

Mr. E. —, aged 58, Sept. 30th, 1859. Has severe pain, extending from right ear over whole side of head; has some tinnitus aurium; it hurts him to move the jaws, and is almost impossible to swallow; had not been able to sleep during the previous night. The day before had been exposed to a severe storm, and thoroughly drenched, wearing his wet clothes for some time. Previous to this attack had never had trouble with the ears, or been subject to catarrhal symptoms of any kind. The membrana tympani is inflamed and brilliant; the pharynx shows no symptoms of chronic trouble, but is inflamed and swollen on the right. Could only hear the ticking of watch on right side, when pressed against the ear, while on the left it could be heard at the distance of four feet. Used Politzer's bag, carefully, which gave him some relief. Ordered three leeches to the tragus, the ear to be frequently filled with warm water, and gave hypodermic injection of morphine and atropine at night.

Oct. 1st. Passed an uncomfortable night, but did not have so much pain as the night before. Air bath used three times this day; perspiration induced by two five-drop doses of tincture of aconite; warm water continued, and subcutaneous injection repeated. After this he suffered no severe pain, and the hearing gradually improved under the use of the air bath till the 8th, when, on account of careless exposure, pain and febrile symptoms returned; the leeches and other treatment were again used, which gave him speedy relief, and he continued to improve.

Nov. 15th. No tinnitus aurium; membrana tympani normal; hears watch on right side at arm's length as distinctly as on left.

In chronic mucous cases the air bath should always be employed. Politzer's bag, with the addition of a few drops of tincture of iodine or acetic acid, may be used two or three times a week, or even daily, according to the severity of the symptoms; and in the early history of cases, counter irritation to the mastoid process may be of use, but can do little good when the disease has been long continued. Patients should be cautioned against the use of ear drops, poultices, and the introduction of instruments of any kind into the

external meatus. The naso-pharyngeal mucous membrane should receive strict attention, as in this class of cases it is almost always diseased, and is usually the nidus of the affection, so that what ever good we do by local treatment of the ear is sure to be of short duration if the mucous membrane of the pharynx and mouths of the Eustachian tubes are left in a state of chronic congestion. This may be treated by Weber's nasal douche;\* or if the patient is frequently seen by the physician, by the naso-pharyngeal syringe using stimulating or astringent washes, as the case may need. Gargles of alum, or of iodine, to which a little brandy has been added, are of much use; and if the tonsils or uvula are hypertrophied, they should be excised. The general health of the patient should receive careful attention; strict hygienic rules should be enforced, and a wholesome dietic regimen established. General tonics are often necessary, and many cases are benefited by mild alteratives, not too long continued. Cases with syphilitic bases, while undergoing an appropriate constitutional course, should still receive local treatment.

Anna H —, aged 7, July 9th, 1867. Has had trouble in hearing for the last year; is worse when suffering from cold; complains of noises in the head, but no pain; general condition good; does not readily hear when spoken to; hears watch on right side of the head six inches from auricle, on left only three. The drums are more brilliant than natural, especially the left; no change in their curvature; mucous membrane of pharynx slightly congested; Politzer's

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\*Although the wisdom of using the nasal douche has been recently questioned by several good authorities,—vide Knapp's, Archives, and Transactions of the American Otological Society, for 1869, it being claimed that suppurative inflammation of the tympani cavity is sometimes caused by the introduction of fluids through the Eustachian tubes, I am still of opinion that this danger might be guarded against, and the douche safely used by giving the patient the following directions. viz.: First—hold the head low, and bend forward, letting the chin rest upon the chest; this will take a great part of the weight of the fluid in the nasal cavity off from the soft palate, so that it will not be so liable to bend down, letting the fluid into the throat and causing a disposition to swallow. Second—If the fluid does get into the throat, and the patient feels that he must swallow, have him take the nozzle of the douche instantly from the nostril, and the effort at swallowing will at once cease. Third—Do not allow the patient to use a fluid that is not warmer than the surrounding atmosphere. I think it better to have it near the bodily temperature, and do not use a solution sufficiently irritating to cause smarting or pain in the Schneiderian membrane. By attention to the first and second of these directions it is almost an impossibility for the fluid to reach the tympani, especially if it is conceded that the Eustachian tubes are only open during the act of deglutition, as seems to be reaffirmed by Voliotine's recent experiment in a pneumatic cabinet; and by the third the possibility of its doing harm in case it did pass through the tubes is rendered nil. My own experience in something over 200 cases is that mild solutions are more efficacious than those which irritate, and I have never had so much as an ear ache follow the use of the douche, the use of which seems to me a much more thorough means of applying solutions to the nasal mucous membrane than by the syringe. I would not wish to be understood as thinking it a safe instrument to be sold by druggists and venders of patent medicines to the people, but when properly used, under the direction of a physician, it seems too valuable to be thrown aside.

method, with tincture of iodine, was used every other day; a gargle of iodine ordered, and the naso-pharyngeal syringe, with cleansing solution of pumanganate of potash used six times during the treatment, which was continued till August 5th, when her hearing appeared normal, and she complained no more of tinnitus.

Chas. L——, aged 19, June 12th, 1868. Has been hard of hearing for the last eight years, during all of which time he has been slowly growing worse. Has never suffered ear ache, but has constant noises in the head. Has had no discharge from the ears. General health not good; is of an evident scrofulous diathesis. Does not hear ordinary conversation. Right ear hears watch only when pressed, the left at two inches from auricle. Both drums seem thickened, opaque, and slightly concave. Mucous membrane of pharynx is granulated, and secretes excessively. Used Politzer's bag, with tincture of iodine, every other day; Weber's douche, with solution of carbolic acid and iodine daily; to use iodine gargle, and take hypophosphites; also gave strict rules for diet and hygiene.

July 14th. Continued the above treatment up to this time. Pharyngeal catarrh much better; hypersecretion almost entirely stopped; can hear ordinary conversation, and the watch four inches from the right ear, and fourteen inches from the left. General health improved. As the patient resided some distance in the country, he was sent home with directions to continue the treatment, with the exception of the gargle and douche, which were only to be used when there were symptoms of pharyngeal catarrh. I saw him about a month since. During the last year he has had several exacerbations of his catarrhal trouble, and at those times would be hard of hearing; but, by the prompt use of the air bath and douche, they were quickly alleviated. His general health was better, and he retained the amount of improvement in hearing narrated above.

These two cases show the necessity of early treatment in this insidious variety of aural catarrh, where every "cold in the head," if left to itself, serves to thicken the aural mucous membrane, and increase the deafness. The first case, treated one year after apparent commencement of disease, was easily cured; the second, allowed its own course for eight years, was only susceptible of improvement.

The treatment of acute purulent aural catarrh must be strongly

antiphlogistic, local blood-letting, to a greater or less extent, according to the condition of the patient; the ear frequently filled with warm water; attention given to the condition of the bowels, and diaphoretics employed when febrile symptoms demand. Politzer's bag should be used, being careful not to exert too much force; and the mucous membrane of the pharynx must receive attention, especially where the otitis has occurred in consequence of one of the exanthemata. Gargles should be used frequently, the posterior nerves cleaned by injections, and sometimes the application of argenti nitras, xx gr. to the oz., is of much benefit when the pharyngeal mucous membrane is inclined to ulceration. Narcotics will afford some relief, but cannot be relied upon as curative. In the case of young children simultaneous swallowing is not essential to the success of Politzer's method, which should be used with care. The nasal cavity should be kept clear by syringing, or by provoking sneezing by the introduction of an oiled feather through the nostril into the pharynx. The induction of vomiting may sometimes be of use; and if the child is robust, the application of one or two leeches to the tragus will be of benefit. But very great relief may be given in those cases where the air bath fails to evacuate the pus through the Eustachian tube, by paracentesis of the membrana tympani; and as in these cases, perforation of that membrane is sure to occur if left to itself, it is as justifiable to anticipate as it would be in the case of any inflammatory abscess; and by giving early exit to the pus, we prevent much of that softening and change in the parts that would take place if left alone. The paracentesis may be done with a cataract needle or exploring trocar, after which the air bath should be used.

A journeyman printer came to me, March 24th, 1869, complaining of severe pain in the left ear; it had continued for the last 48 hours; he had had no sleep, and some of the time had been delirious; he could not walk without assistance, and his countenance was expressive of the utmost anxiety. Opiates had been administered, and poultices and leeches applied, without relief. Previous to this attack he had never had pain in the ears, but had suffered from naso pharyngeal catarrh, noises in the head, and been hard of hearing for several years. Could not hear watch on left side when pressed against the ear, and only four inches distant on the right.

Right drum opaque and somewhat sunken ; the left, convex, swollen and infiltrated, while the inner half of the external meatus was inflamed ; pharynx inflamed and secreting profusely. Made an incision about a line in length through the most prominent part of drum, and used Politzer's bag ; quite a discharge of pus occurred, and the severe pain was relieved. Used the air bath and nasal douche twice a day ; gave an iodine gargle, and a carbolic acid wash for external ear.

March 26th. Opening through the drum closed ; no severe pain ; continued treatment.

April 1st. Much better ; no pain , tinnitus slight ; hears easily when spoken to ; hears watch on right side eight inches from ear, on left three ; condition of pharynx improved ; ordered to continue air bath and douche daily while troublesome symptoms last.

Oct. 20th. Patient called at my request for an examination. Says he has not been so free from catarrh, or heard so well, for the last five years, as during the past summer. Hearing distance of watch on right side twenty-four inches ; on left side ten. There is no apparent scar on membrana tympani left by the paracentesis.

Hattie M—, aged 8, April 21st, 1868. Has been suffering from scarlatina for the last ten days. Naso-pharyngeal mucous membrane inflamed, excoriating and discharging a thick muco purulent secretion. For the last twenty-four hours has complained of her ears and head paining her, and hearing queer noises. Does not hear unless spoken to loudly ; can distinguish the tick of a watch one inch from right ear and two from the left. Drums are both inflamed, but do not appear prominent. Used naso-pharyngeal syringe first, with carbolic solution, then with argenti nitras, gr. iv. to the oz , and Politzer's bag twice a day ; ordered three leeches to each tragus ; gave alum gargle and hypodermic injection of  $\frac{1}{2}$  gr. of morphia at night.

April 22nd. Passed a comfortable night ; does not complain of so much pain to-day ; continued treatment.

April 24th. Much better. Changed the washes to iodine, to be used once a day, air bath the same.

June 19th. Patient well ; pharyngeal mucous membrane and hearing normal. The severity of the symptoms in this case, and the ease with which they were combated, can but favor the impression that

many of our patients, who date their deafness and troublesome otorrhœa from an exanthematous attack, might have been saved all such danger and annoyance had Politzer's method and the concomi treatment been in general use.

The great desideratum in the treatment of chronic purulent variety is cleanliness; and did this object receive proper attention from the commencement of the accompanying otorrhœa, I think the terrible sequela that have been previously noticed would be entirely avoided. The careful injection of tepid water, to which a little carbolic acid has been added, I have found the most serviceable as a cleanser and deodorizer. When the use of the syringe is not well borne a camel's hair pencil may be substituted. This cleansing should be repeated two or three times a day, if necessary, to keep the ear free from secretions. If the perforation through the drum be small, the air bath will assist in cleansing the tympanum and forcing the secretion into the external meatus. After the ear is cleansed, a solution of sulphate of zinc, from i. to iv. gr. to the oz., may be dropped into the ear, or sulphate of copper, or acetate of lead, in equal parts, with acetic acid may be used. If the head is held to one side, so as to keep the drops from running out, and while in that position the air bath is used, it will facilitate the introduction of the solution into the tympanum. If the discharge is kept up by a polypus it should be removed, not by torsion, for fear of injuring surrounding parts, but by Wilde's polypus snare, which acts upon the same principle as the ecraseur. After the otorrhœa has stopped, if the perforation through the membrana tympani does not seem inclined to close, the hearing may be benefited in many cases by wearing an artificial drum. The same attention to the general health of the patient should be given as in the other forms of the disease.

Willie H.—, aged 9, June 6th, 1867. Had scarlatina three years since. During convalescence had pain and a discharge from both ears; the latter has continued more or less profuse since. His general health is fair. Does not hear watch on right side when pressed against the ear or the bones of the head, but can hear it one inch from left ear. Both Eustachian tubes are pervious. Right membrana tympani almost entirely destroyed; malleus and nicus gone, but stapis visible; mucous membrane of tympanic cavity

thickened; left membrana tympani has small central perforation, through which a yellow puriform discharge exudes on the use of the air bath. Gave him Politzer's bag, to be used twice a day, followed by a cleansing wash, and astringent drops for the external meatus.

July 17th. Ottorrhœa nearly cured. Hears watch on left side three inches, and on the introduction of artificial drum twelve inches; but no improvement was produced on right side, even with the drum.

W. A.——, aged 19, Sept. 23rd, 1868. Twelve years ago, had measles, which left his ears in a bad condition; the right discharged for a long time, but has not troubled him for the past few years with the exception that he does not hear in it. Hears watch on right side only when pressed against the ear; on left at a distance of four feet. Right membrana tympani has small perforation, through which air can be blown with Politzer's bag. The left is normal. On placing artificial drum in right ear could hear the watch fifteen inches distant. The first of these patients wore the artificial drum without much benefit; the other had no occasion for doing so, as the hearing was normal in the left ear; but should that ear become deaf in the future, the use of the drum in the right would be of great service.

Having given a résumé of the treatment that will prove beneficial in a great majority of cases of aural catarrh, allow me to say in conclusion that should these remedial agents fail to produce a cure, on account of impermeability of the Eustachean tube, cleft or ulcerative destruction of the palate, or old pathological changes in the tympanic cavity, there is still hope that the patient may be benefited, as there are methods other than those just detailed by which such cases may be treated, such as the Eustachian catheter, by means of which, not only the air bath may be used more thoroughly, even than by Politzer's method, but gases and fluids may be introduced into the tympanum, and bougies, or probes, used to overcome strictures and dilate the Eustachian tube. The Eustachian nebulizer may sometimes be of benefit. Operative procedures on the membrani tympani, and, ossicula, to break up adhesions can do no harm in those cases where hearing has been for some time lost, and they have, in some instances, proved of benefit.



## AUTHORITIES.

Much of the literature of this subject is only accessible to those conversant with the German, but the following recent publications in English may be consulted with benefit:

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## Miscellaneous.

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### Physiological Effects of Muscular Exercise.

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Dr. Flint, Jr., said that, upon so sudden a call, he could not be expected to give the subject any elaborate or systematic treatment; but it was one to which he had devoted considerable attention, and he would present some points which, though not wholly new, might yet not be without interest.

It was hardly necessary to state that the nutrition of the body is carried on in obedience to the demand created by the waste of its different tissues; and the fact was familiar to all physiologists of the present day that a physiological increase of this waste, within certain limits, not only promotes a more active nutrition of the several tissues, but also serves to develop what may be called their vital properties. To consider only the muscular system, which constitutes so large a portion of the organism, we know that muscles called into frequent exercise increase the size and power—the finger-muscles of the pianist, for example, become extraordinarily developed—while muscles less exercised are correspondingly weak. If any muscle is entirely disused, it undergoes atrophy, and after a certain time becomes reduced to such a condition that it is incapable of regenerating itself, even though the blood may contain all the materials necessary for its full nutrition. Paralysis illustrates this. When the nervous supply of a muscle is cut off its fibres become weaker, its circulation is diminished, and after a time we find, under the microscope, that the proper muscular substance—the musculine—has been replaced by a material physiologically inert, fatty granulations. By and by these granulations so far take the place of the functioning muscular substance, that even if the nerve-power be restored to it, the muscle cannot resume its function. The practitioner familiar with nervous diseases is well aware of this; and in a case of paralysis he first of all ascertains whether the affected muscle will respond to the stimulus of electricity. If they will so respond, then, even though all power of voluntary contraction be for the time lost, the methodical application of this stimulus will serve to maintain and increase nutrition, and, as a rule, the restoration of function is possible. But if it be impossible to make the muscles contract, however feebly, then there is little hope from any treatment. Diagnosticians go further, and, by the aid of a small trocar or harpoon, remove a little piece of the muscle for microscopic examination. In the muscles which show any contractility, they find the fibres with their characteristic striations, though mixed with the fatty granulations; while in those which show none, the fatty matter is found almost alone.

Muscular exercise increases the quantity of excrementitious matter produced in the system. On this point the speaker had no doubt, although there were some observations which might seem to show that exercise does not augment the amount of urea discharged in the twenty-four hours. Prominent among these were the well-known experiments of Fick and Wislicenus in their ascent of the Alps; and their results would seem lately to have been corroborated by Professor Haughton. These observations, when first published, the speaker had been disposed to receive with a good deal of doubt, and to examine critically for sources of error. For if urea be the most important of the excrementitious principles, as regards quantity, and if it be not increased, but rather diminished; by violent exercise, then we must make over again our physiology. Fisk and Wislicenus, instead of comparing the discharge of urea under ordi-

nary conditions of exercise and diet with that after extraordinary exercise upon ordinary diet, compared it with that after extraordinary exercise upon non-nitrogenized diet. Yet it is well recognized that the amount of this excretion depends in great measure upon the character of the food ingested. Professor Haughton's experiments were even more loosely conducted. He obtained his normal discharge of urea under ordinary conditions from observations made some years before, and compared this with the amount discharged (in the urine) under violent exercise taken in the heat of summer, and exciting profuse perspiration. Now urea is a constant constituent of the sweat; and Speck and others have established the fact that where violent exercise is taken under such conditions as to induce great diaphoresis, the amount of this principle eliminated by the kidneys may suffer no increase but even diminution, the skin relieving the kidneys of a portion of their work.

These experiments, therefore, by no means prove that muscular exercise does not increase the amount of urea discharged from the system. And in the same category are to be placed the observations of those who claim that extirpation of the kidneys does not produce accumulation of urea in the blood. If it is not established that urea is an excrementitious principle brought by the blood to the kidneys and simply eliminated by them—not *secreted* by the kidneys from materials furnished by the blood,—then all our experimental physiology is of little worth.

It seems certain, then, that exercise increases the amount of effete matter eliminated. Within physiological limits, this increased elimination is attended, if proper nutriment be presented in the blood, by an increase in the activity of nutrition. If a man in perfect health, eating and drinking according to undepraved tastes, exercise his muscular system so as to increase to the highest physiological point the elimination of effete matter, he will correspondingly increase the nutrition of his muscular system. Nutrition consists in the appropriation by the tissues, from the blood, of new *functioning* matter.—in the case of a muscle, of musculine, in place of the worn-out matter discharged as urea, creatine, creatinine, etc.—not in the deposits of a functionless material, like fatty granulations. The more active this appropriation and the greater its amount, the higher will be the state of development of the muscle, and the better will it be able to do its work.

Now, if we can thus develop the functional capacity of the muscular system, and bring it to the highest point of efficiency, it is not unreasonable to suppose that the rest of the body will share in the improvement. We have, for example, an increased consumption of oxygen, an increased production of carbonic acid, and so increased functional capacity of the lungs.

Can a man, by such exercise, successfully combat the tendency to the deposit of foreign substances in the tissues; can he avert, for instance, the production of such heterologous formations as tubercle? The speaker, although from a limited experience, felt confident in answering "Yes." He had seen men of tuberculous diathesis, and

with tubercle already deposited in their lungs, as testified by the best diagnosticians, go to the gymnasium and become hale and strong. He had in mind a young man, a patient of his father's, who had become a most accomplished gymnast after pulmonary tuberculosis had been clearly diagnosticated. In view of the principles before spoken of, it would seem that these men might, by increasing the deposition of normal material, have removed the disposition to the deposit of abnormal material. The speaker had, of late years, taken a special interest in examining this matter, for he had himself been subject to an affection which he thought might be relieved, and its effects averted, by systematic exercise. He had made trial of the plan, had been very constant and regular in his exercise, and had experienced the happiest results.

Let a man, moderately healthy, work as hard as he please with his brain,—if only he take the appropriate exercise to keep the system throwing off all the effete matter, and appropriating, in place of it, healthy, nitrogenized, functioning matter, he will be comparatively safe. It is surely better to be thus recruiting every day, and keeping one's self in a state of constant efficiency, than to break down every few months or years, and have to have a vacation to build up again.—*Medical Record*.

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### THE VISION OF ANIMALS.

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M. Paul Bert has recently been experimenting on this subject, and has published his results in Brown-Sequard's *Archives de Physiologie*. The method he adopted was to place a number of the little daphniæ, so common in our ponds and cisterns, into a small vessel the interior of which was well blackened, and into which light could only gain access through a narrow slit. The daphniæ distributed themselves tolerably equably through the darkened vessel, but on transmitting a ray of ordinary light through the fluid they immediately gave signs of agitation, and grouped themselves in and around the illuminated path of the ray. On interposing a screen they rapidly dispersed. M. Bert next proceeded to try the effects of variously colored rays; and he found that the same agitation and the same grouping occurred whatever might be the color of the ray transmitted. At the suggestion of Dr. Krishaber, he transmitted several separate beams of different color through the same vessel, and found then that the animals collected chiefly in the yellow, green, and in that portion of the spectrum which was slightly tinted of an orange color. A considerable number were also seen in the red ray, fewer in the blue, and less and less numbers in the violet and ultra violet. From these and other experiments, M. Bert concludes that all animals see the rays of the spectrum as we see them; that they do not perceive any rays that are not perceptible to ourselves; and, lastly, that in the range of vision the difference between the illuminating powers of the differently colored rays is the same for them as it is for us.—*Lancet*.—*Record*.

## Periscope upon the Passage of the White Blood Corpuscles through Capillary Walls.

In the *Comptes Rendus*, Jan. 17, M. Robin criticises a work by M. Feltz. His remarks are translated in the *Bowdoin Scientific Review*:

The work of M. Feltz treats of the passage of the leucocytes, or white globules of the blood, through the vascular walls. M. Feltz at the outset briefly recapitulates the theory of Cohnheim, which is itself based upon the anatomical and histological data furnished, chiefly, by Recklinghausen. Cohnheim does not doubt the passage of the white globules through the *stomata*, of which he assumes the existence in the vessel-walls in case of inflammation, etc.

M. Feltz combats the views of Cohnheim.

1st. He has studied experimentally the circulation in the Mesentery and tongue of the frog, and on the mesentery of the mouse. He concludes that there is primarily a contraction of the vessels, followed by dilation due to temporary loss of the contractility of the vascular walls. Notwithstanding numerous and minute observations, he has never been able (in opposition to Cohnheim) to discover any white globules entering the canaliculi, the existence of which has been admitted through the walls. He has only seen accumulations of leucocytes along their outer and inner walls; but it is impossible for him to affirm, as the result of direct observation, that the extra-vascular globules are an immediate blood-product.

2d. The author has then demonstrated, by different means (injections of colored substances into the blood and lymphatic systems, colorations of the arterial and venous tissues by nitrate of silver, microscopic preparations with photographer's paper, etc.,) that the passage of the leucocytes is impossible, because the pretended epithelial stomata, and the canaliculi leading from them, do not exist; or at least are not shown through the agencies employed by Cohnheim and Recklinghausen.

3d. M. Feltz does not deny that there is around the vessels, in the inflamed tissues, a great number of elements similar to leucocytes; but not having seen them pass out of the vessels, nor formed within pre-existing elements, as the theory of Virchow would establish, he demands whether these elements be not formed *in situ* within exuded fluids. Without advancing a theory regarding their generation, he has entered upon a course of new experiments, which he will soon have the honor of submitting to the Academy.—*Philadelphia Reporter*.

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## Prognosis in Hepatic Abscess.

Dr. W. Stewart, in the *Lancet*, states as the result of a large experience in India, that where hepatic abscesses burst through the right lung, recovery is not uncommon under ordinary restorative

and expectant treatment, while in cases where the discharge took place through other channels, "as into the transverse colon, stomach, etc., or externally through the parietes of the thorax or abdomen—whether naturally or by artificial opening," he has not met with a favorable termination. He hence concludes that "prognosis is favorable in uncomplicated cases, when the abscess makes its way through the lung. In such cases the abscess occupies the upper or convex portion of the liver, near the suspensory ligament; adhesive inflammation occurs on its outer surface; the diaphragm forms a part of the sac, and its substance is gradually removed by progressive absorption. If, at the same time, adhesion takes place between the diaphragmatic and pulmonary pleura, the abscess will open into the parenchyma of the lung, and be discharged more or less completely by expectoration. In such cases, the matter may escape by a small opening directly into a bronchical tube, or filter through immeasurably small orifices into the air-cells; and the process of filtration and aspiration, if I may so express it, following on the respiratory acts, may be the reason why such abscesses do not have an unhealthy action—ordinary atmospheric air carrying 'septic germs' being excluded—the products of respiration alone taking the place of the expectorated matter, and being continually renewed by the same process."—*New York Medical Gazette*.

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### On the Treatment of Paralysis.

A. D. Rockwell, M. D., of New York, in a paper read recently before the New York Academy of Medicine, "On the Treatment of Paralysis by Electrization," sums up the leading ideas advanced, as follows: 1st. Paralysis is not a disease, *per se*, but is merely a symptom of some disturbance of the central or peripheric nervous system. The treatment of paralysis should have reference not alone to the affected parts, but also to the general condition of which it is the result, or with which it is associated. 2d. Paralysis—throwing aside the toxic, traumatic, and local varieties—is pre-eminently a symptom of exhaustion or weakness of the nervous system. It occurs most frequently among the cultivated and the intellectual. It is a malady of the two extremes of life—infancy and old age. 3d. The two cardinal principles of treatment of paralysis are, in the first place, to administer remedies directed to the removal of the cause, that is, the condition of the system, or the local injury of which the paralysis is a symptom; and, in the second place, to restore the tone and nutrition of the affected parts. The first condition is met by the administration of strychnia (internally or hypodermically) when the central nervous system is anæmic; in the use of iodide of potassium, ergot, belladonna, and bromide of potass, when the spine or brain is congested or inflamed; and by the use of general tonics, such as bark, iron, phosphorus, arsenic, and oxide of zinc. The second condition is met by rubbing, shampooing, etc. Electrization general or localized, with the varying use of the gal-

vanic or faradic currents, fulfils these indications better than any other method of treatment. It benefits paralysis by virtue of its tonic effects on the nervous and muscular system. 4th. In the treatment of paralysis by electrization, the distinction between the effects of the galvanic and faradic currents is of radical and indispensable importance. An intense, penetrating galvanic current, from 50 or 100 cells of Chester's air-tight battery will overcome far greater resistance than the faradic; will produce muscular contractions in paralyzed limbs when the faradic is powerless, and will also more directly and positively effect the great sympathetic. 5th. Fresh recent attacks of a local character are sometimes very quickly relieved and cured by the faradic current alone; but long-standing and severe cases, that constitute the majority, demand the varying and preserving use of both the galvanic and faradic currents for weeks and months. 6th. The prognosis is far more favorable than is commonly supposed. During the past two years he has treated by electrization, general and local, and by the varying use of the faradic and galvanic currents, seventy cases of paralysis, resulting from a variety of causes, and manifesting itself in different parts of the body. Of these 70 cases, 16 were supposed to result from cerebral effusion, causing hemiplegia; of this number 11 suffered from paralysis of the right, and 6 of the left side; 3 of the cases were approximately and 2 completely cured; 3 were very markedly benefited; 3 discontinued treatment after a few visits; in three cases only slight amelioration was evident, while two 2 failed to receive any benefit whatever.

Four cases of complete facial paralysis, 2 of which involved the right side, 1 of the left, and 1 both sides of the face.

With the exception of the case involving the 7th pair on either side following syphilis, they were all quickly and completely cured. Anæsthesia occurred twenty times. In nine cases the cure was complete; nine were approximately cured, while two discontinued treatment before any result could be seen. Four cases of complete paraplegia, three of which received no benefit whatever, while 1 was approximately cured after a protracted course of treatment. One of the patients died while under treatment.

Eight cases of infantile paralysis, probably of a reflex character. Four of these patients were completely and rapidly cured, and two were approximately cured, while two received no benefit whatever.

Twelve cases of paralysis were treated, each of which involved but one limb of the body. One of these was approximately and five completely cured; four derived marked benefit, while two discontinued treatment before any result was noticed.

Four cases of palsy agitans, but in one case only did Dr. R. succeed in obtaining even a slight amelioration of the symptoms. Writer's cramp occurred twice. One patient recovered considerable power in the affected hand, while the other experienced no relief worthy of mention — *Medical Record*.

## Editorial Department.

VOLUME NINE.

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THUS closes volume nine. Thanks to a liberal profession we have been sustained with generous and satisfactory support. The past indulgence and favor of the profession encourage the highest expectations for the future, and at no period of our history could we commence a new volume with such positive assurances of success. It is matter of personal satisfaction and pride that nine years of uninterrupted progress in all the essentials of true prosperity should already have attended the Journal, and that though surrounded by numerous and attractive rivals, it still continues to increase in strength and influence. We have reason for thankfulness that an enterprise in which we have been so deeply interested should have been so successful; but not unto us, but to our contributors and supporters be all the praise.

For the future we pledge our best efforts, warmly thanking our friends for their numerous favors, earnestly hoping they may continue to kindly remember us in the future as they have liberally done in the past, we commence volume ten.

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### *American Association of Medical Editors.*

We are indebted to the editor of the "Chicago Medical Examiner," Professor N. S. Davis, for advance sheets containing full report of the proceedings of the meeting in Washington, May 2nd, 1870. The American Medical Press was thoroughly represented, and a large number of the editors of Journals were present and signed the articles of association. The following officers were elected for the ensuing year:—

DR. H. R. STORER, of Boston, President.

DR. THEOPHILUS PARVIN, Vice-President.

DR. HOWARD, of Baltimore, Secretary.

The president, Dr. N. S. Davis, of Chicago, then read an address, on "The History, Constitution, and means of Improvement of Medical Journalism in the United States." This address is full of suggestion and instruction, and shows the author fully conversant with our Periodical Medical Literature, its faults and its means of improvement. The paragraph containing this brief history of all our Journals is exceedingly interesting, as is also the whole address. We regret that we are unable to publish it in full.

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## Books Review.

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BARNES'S *Obstetric Operations, with Selections* by BENJAMIN F. DAWSON, M.D. New York: D. APPLETON & Co., 1870.

The profession of this country will gladly welcome the American edition of Dr. Barnes's work on Obstetrics, which is presented nearly in the original



form, the editor being aware that it would have been presumptuous to have attempted any improvement of Dr. Barnes's valuable addition to the science of Obstetrics, has therefore simply inserted such notes and additions in the original work as the differences in procedure, and in instruments in this country rendered necessary or advisable.

The work is not intended as a complete work on Obstetrics, being confined to obstetric operations and instruments, the modes of procedure, and the conditions requiring them. On the subjects treated, it is complete and exceedingly valuable. It is illustrated by numerous wood cuts, showing the relations of parts, and modes of making nearly every Obstetrical operation. This feature of the work commends it as a guide to the practitioner who has had but limited experience in Obstetrical operations; while the sound views of the author, and the valuable additions of the American editor will be sufficient to ensure it a hearty welcome by the American profession. Dr. Barnes enjoys a world wide reputation, and in the department of Obstetrics has no superior.

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*The Physical Life of Woman: Advice to the Maiden, Wife and Mother, by* GEORGE H. NAPHEYS, A.M., M.D. *Published by* GEORGE MACLEAN, *Philadelphia, New York and Boston;* E. HANNAFORD & Co., *Cincinnati.* 1870.

It has always been a difficult task to write plainly and delicately upon the physical life of either man or woman, and anything like a correct physiological popular work, free from manifest improprieties, has not heretofore been offered the public.

While woman was uneducated it was perhaps possible for her to remain in ignorance of herself, but with general information there must come also some knowledge of her physical life and relations. A sort of general fastidiousness has prevailed in the community which would shut out all knowledge of the sexual functions and relations, but it is very difficult to conceive any objection to the truth, properly expressed, being placed before every woman. There is nothing in the plain scientific facts of our being at all calculated to inflame the passions or corrupt the morals; indeed, quite the reverse. Uneducated imagination or conjecture is a more fruitful source of corruption. Scientific truth, plainly expressed, is safe, and we think the work before us admirably calculated to instruct, and thus purify and ennoble. Dr. Napheys has done a true work for the wives and daughters who care to understand themselves correctly.

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CHAMBERS, *on Indigestions: on the Diseases of the Digestive Organs functionally treated. Third American Edition.* HENRY C. SEA, *Philadelphia,* 1870.

This valuable work on indigestions has long been a standard for the American profession, and it can scarcely be necessary to give any description of it

to our readers. The author informs us that since publishing the first edition he has inserted upwards of "ten dozen cases," and re-arranged and in part re-written the comments upon them. This, he says, has greatly augmented the size of the work, which has now probably attained full growth.

Dr. Chambers treats the subjects connected with the indigestions with masterly philosophy and good sense; indeed he carries conviction to his attentive readers. The new edition, though similar to the first and second, is yet more complete, and will be found to contain the most recent and sound views upon all subjects connected with dyspepsia.

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*Personal Beauty: How to Cultivate and Preserve it*, by D. G. BRINTON, M.D., GEORGE H. NAPHEYS, M.D., W. J. HOLLAND, Springfield, Mass., 1870.

Personal beauty, a joy for ever. Let us see what there may be in a book on this subject. It tells the power of beauty; what it is, and how to preserve it. It describes the most beautiful figure, and tells how to perfect it, giving the bill of fare how to grow fat or to grow lean. It speaks of the shape of the head, the color of the eye, form and uses of the eyelids, brows and lashes. It describes the proper form of the ear, and the kind of rings to be worn in them; the nose, and the most agreeable smell for it; the mouth and teeth, the breath, and how to sweeten it. It speaks of the arm and hand, and how to beautify them; of the leg and foot, and says that a pretty foot is "the one element of beauty which defies the assaults of age." It gives a chapter on the skin and complexion; the hair and beard; and, speaking of comeliness in general says that "it is the duty of every woman to look as pretty as she possibly can, consistently with her other duties." "*It is a book which should be in the library of every physician.*"

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*A Physician's Problems*, by CHARLES ELAM, M.D., M.R.C.P. Boston, FIELDS, OSGOOD & Co., 1869.

This is a book very interesting to read, and very impossible to describe. There is a philosophy about it which is not very easily expressed, but yet runs through it, and impresses and attracts every intelligent reader.

The first chapter is upon "Natural Heritage," in which the author shows how all our essential characters are inherited,—that we bear the traces and consequences of parentage through all our being, in our bodies, souls and spirits. He gives us chapters on "Degenerations in Man;" "Moral and Criminal Epidemics;" "Body and Mind;" "Illusions and Hallucinations; on Somnambulism;" "Revery and Abstraction," &c., &c. The book is worthy of perusal, and is designed for popular reading rather than professional study. It will serve the physician as an entertainment rather than as a practical guide.

*United States Sanitary Memoirs*, by JOHN A. LIDELL, A.M., M.D.  
*Edited by* PROFESSOR FRANK HASTINGS HAMILTON. *Published*  
*for the United States Sanitary Commission*, by HURD & HUGHTON, 1870.

This volume consists of contributions to the Sanitary Commission, by Dr. Lidell, on "The Wounds of Blood Vessels, *et cetera*; the Traumatic diseases of Bone and Pyæmia." The general subjects of the work are expressed as follows:—1st: On the Wounds of Blood Vessels, Traumatic Hemorrhage, Traumatic Aurism and Traumatic Gangrene. 2nd: On the Secondary Traumatic Lesions of Bone, namely, Osteo-Myelitis, Periostitis, Ostitis, Osteo-Porosis, Cares and Necrosis. 3rd Pyæmia.

These papers contain all the recent observations on the subjects under discussion, together with a large amount of original clinical observation, made by the author while in charge of the Stanton U. S. Army Hospital, where he "began to collect the personal observations, the clinical histories and *post mortem* records, which are set forth in the pages of this work," and some of which are illustrated with beautiful chromo lithographic plates.

The Sanitary commission in the publication of these papers, and the general series, of which this is the first, are conferring a real blessing upon mankind, scarcely less in value and importance than which it so signally accomplished in the first grand work of providing for the sick and disabled soldiers in the time of war.

It is a positive and original contribution to medical science, and will be welcomed by the profession, and appreciated by all who can understand its value.

### Books and Pamphlets Received.

Annual Report of the Metropolitan Board of Health.—Medical opinion of Chas. B. Lee, M.D.—Constitution of the Toronto Eye and Ear Infirmary.—Annual Catalogue of Bellevue Hospital Medical College, N. Y.—Transactions of the New York Academy of Medicine.—Circular, University of Albany.—Circular, N. Y. State Inebriate Asylum.—Prychopathic Hospital of the Future, by Pliny Earle.—Address: Berkshire Medical Institute, by Pliny Earle.—Prospective Provision for the Insane, by Pliny Earle.—State Lunatic Hospital Report, at Northampton.—The Bromhides, by Z. C. McElroy.—New York Ophthalmic and Aural Institutes Report.—Medical Department.—University of Pennsylvania, Catalogue and Announcement.—Medical Legal Study, by Wm. A. Hammond.—Woman's Medical College.—New York Infirmary, Catalogue.—Treatment of Croup, by Fordyce Barker.

**PRIZE ESSAYS.**—At the Annual Meeting of the Medical Society of the State of New York, held in Albany, February, 1870, a prize of one hundred dollars was offered for the best essay on any medical subject. Also a prize of one hundred dollars was offered by Dr. Hiram Corliass, for the best essay on the cause, prevention and cure of Tubercular Phthisis. Both essays must be sent to one of the Committee on Prize Essays by the first of December next, and be subject to the regulations of the society regarding Prize Essays, as found on page 71 of the transactions for 1869. The Committee are Drs. Thomas F. Rochester, of Buffalo, Sanford Eastman, of Buffalo and Henry W. Dean of Rochester.

W. H. BAILEY, SECRETARY.







